DOCUMENT RESUME

ED 269 604 CE 044 408

AUTHOR	Cockrum, Jim
TITLE	EMS Course Coordinator's Implementation Guide.
INSTITUTION	Texas Univ., Austin. Extension Instruction and Materials Center.
SPONS AGENCY	Texas Education Agency, Austin. Dept. of Occupational Education and Technology.
PUB DATE	85
NOTE	106p.; For related documents, see CE 044 409-410. Some forms contain small, broken type.
AVAILABLE FROM	Extension Instruction and Materials Center, P.O. Box 7218, University of Texas at Austin, Austin, TX 78713-7218 (Stock Number PS 217).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Accidents; *Allied Health Occupations Education; Cooperative Education; Cooperative Planning; *Coordination; *Emergency Medical Technicians; *Emergency Squad Personnel; Evaluation Criteria; First Aid; Instructional Materials; *Instructor Coordinators; Medical Services; Performance Contracts; Postsecondary Education; Professional Associations; Program Administration; Records (Forms); Rescue; Secondary Education; State Agencies; Student Certification; Student Evaluation; Study Skills; Teacher Evaluation; *Teacher Role

ABSTRACT

This handbook is intended to clarify the responsibilities of an instructor-coordinator responsible for coordinating an emergency medical services (EMS) training program and to describe many of the materials now available for use in coordinating EMS training. Addressed in the individual chapters of the guide are the nature and scope of the coordinator's job; curriculum and instruction; facilities, equipment, and materials; and other administrative responsibilities. Appendixes to the handbook include the following: regulatory authorities and professional associations concerned with EMS training, lists of available instructional materials and instructions for obtaining them (including sources of audiovisual and print materials, basic and advanced life support publications, and readability scores for selected publications); materials for instructors or coordinators (books on supervision, instruction, and instructional design and development and national EMS-related periodicals); and samples of forms used in EMS training (formats for scheduling training, student contracts and enrollment documents, instructor contracts, training affiliation agreements, student and instructor course evaluation forms, and student's clinical training reports). (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

TX 8413304

ED269604

EMS Course Coordinator's Implementation Guide

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

CE044408

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

K. Allen

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EMS
Course Coordinator's Implementation Guide

By

Jim Cockrum

Published by

Extension Instruction and Materials Center
Division of Continuing Education
The University of Texas at Austin

Developed under a contract with

Occupational Education and Technology
Texas Education Agency
Austin, Texas

1985

CE044408

©1985 by The University of Texas at Austin
All rights reserved. Published 1985
Printed in the United States of America

Brand names, company names, trademarks, or other identifying symbols appearing in the illustrations and/or text are used to clarify and identify and do not constitute a recommendation or endorsement by the author or the publisher.

Editor / Mary Cook
Artist / Denise Sanderson
Artist / Laura Williams
Art Director / Ben E Smith
Coordinator, Production / Barbara S. Lankes

Stock Number PS 217

Contents

Foreword / v

Acknowledgments / vi

Chapter 1. An Overview—the Coordinator's Job / 1

Chapter 2. Curriculum and Instruction / 5

Chapter 3. Facilities, Equipment, and Materials / 11

Chapter 4. Other Administrative Responsibilities / 15

Appendix A. Regulatory Authorities and Professional Associations / 21

Appendix B. Materials for Instruction / 31

Appendix C. Materials for the Instructor or Coordinator / 55

Appendix D. Samples of Forms Used in EMS Training / 62

COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, Department of Health, Education and Welfare.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964: EXECUTIVE ORDERS 11246 and 11375; TITLE IX 1973 EDUCATION AMENDMENTS: REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulation by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs of activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except where age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

Foreword

This is one of three related books that give specific information and recommendations to help professionals maintain the high standards of emergency medical service training programs. Like EMS training itself, these books make up a systematic whole.

One book is for the students in the courses, giving them a view of the occupations and how they can succeed in those occupations. The second is for instructors—including those who will teach only one or two lessons and those who will have more extended responsibilities. It carefully explains how recognized procedures for occupational instruction can be applied to EMS training. Finally, there is this book—The EMS Course Coordinator's Implementation Guide. It covers a modest but useful fraction of the information that a coordinator needs to succeed. It goes from a general overview that puts the coordinator's responsibilities into perspective, to detailed descriptions of some of the many training materials now available.

Overall, the three books focus on matters that affect the teaching-learning process. EMS instructors commonly apply their own special professional abilities to the subject matter. A coordinator must combine the abilities of an emergency medical service professional, a skilled educator, and a person who is capable of coordinating the many details and individuals who contribute to training success.

Kathryn R. Allen, Ph.D.
Director, Extention Instruction
and Materials Center

Acknowledgments

The insights and efforts of a number of people have made these publications better than they would otherwise have been. As a planning group, and as individual reviewers, representatives from education and the EMS sector provided both general and specific recommendations.

The planning session for this book, in September 1983, was called by Dr. Jim Zukowski, then with the Extension Instruction and Materials Center, now with the Texas Department of Health. Dr. Charles Gregory and Mr. Eugene Weatherall were present from the Bureau of Emergency Management, Texas Department of Health. Representatives from community colleges included Ms. Sandra Mulkey of Weatherford College, Ms. Betty Till-Burton of Austin Community College, and Mr. David A. Surratt of San Antonio College. Other EMS educators present were Ms. Debbie Cason, University of Texas Health Science Center at Dallas, and Mr. William Crouch, University of Texas Health Science Center at Houston. Mr. Bert Marcom represented postsecondary programs at the Texas Education Agency. Members present from the EIMC staff were Mrs. Catherine Williams, Mr. Patrick Ogle, and myself.

Reviewers included Ms. Cason and Dr. Jim Zukowski, of the original planning committee, Ms. Carol Goodykoontz of the University of Texas Health Science Center at Houston, and Mr. Neil Coker and Mr. Roger Mitchell, EMS representatives in Public Health Region 2/12, Lubbock, of the Texas Department of Health.

Jim Cockrum
Curriculum Specialist

1

An Overview—The Coordinator's Job

Approximately 12 million patients are treated each year by more than 13,500 emergency medical services personnel. Almost half a million trained individuals provide pre-hospital care, working in a ladder of occupations that offer increasing responsibilities and require specific training. More than 37,000 of these people are at the top classification—Emergency Medical Technician-Paramedic. Others include Emergency Medical Technicians and Emergency Medical Technicians-Intermediate. Summarizing their importance, a career information brochure of the National Association of Emergency Medical Technicians says, "The Emergency Medical Technician has become an integral portion in the delivery of quality pre-hospital care. With the provision of medical services, under the direction of a physician, the EMT has helped reduce the morbidity and mortality associated with acute illness or injury....Pre-hospital care experienced a very rapid growth through the 1970s." In fact, this type of care owes much of its present availability and high quality to what has happened nationwide in EMT training in a short 15 years.

In 1969, President Lyndon B. Johnson's Committee on Highway Safety recommended the establishment of a national certification agency for occupations giving pre-hospital care. Several results ensued.

The American Medical Association's Commission on Medical Services appointed a task force to study the feasibility of a registry for Emergency Medical Technicians. On June 4, 1970, at AMA headquarters in Chicago, Illinois, the National Registry of Emergency Medical Technicians was born. Today, the National Registry is a not-for-profit, independent, nongovernmental agency. It is one of many cooperating organizations that are working to ensure that patients throughout the nation get an acceptable level of quality pre-hospital care. The Registry measures and documents an EMT's knowledge and skill competency, registers people who meet specified standards, and encourages the maintenance of thorough mandatory continuing education to see that EMTs remain up to date and competent. Yet the Registry is only one of many groups that have an impact on the quality of pre-hospital care in this country.

In 1970, the U.S. Department of Transportation's National Highway Traffic Safety Administration (D.O.T.-N.H.T.S.A.) released its first curriculum—an educational experience that lasted more than 100 hours in which students learned the skills and knowledge required to deal with many aspects of illness and injury. This Emergency Medical Technician curriculum, updated in 1982, is now used as the basis for training in almost every state. Using it as a base, students learn to deal with airway obstruction, respiratory and cardiac arrests, bleeding and shock, fractures, soft-tissue injuries, chest and abdominal injuries, medical emergencies, environmental injuries, emergency childbirth, extrication of victims who are trapped, legal aspects of pre-hospital care, vehicle operation and maintenance, and communications and documentation. An individual who completes a basic EMT course, passes certain written and practical examinations, and meets other requirements may be certified by a state to practice in that state, and may become nationally registered as an EMT-Ambulance or EMT-Non-Ambulance. (some organizations refer to the latter as EMT-Basic, or just EMT.) No matter what the title, each of its holders has benefitted from the didactic (classroom) instruction and practical experiences set forth by the D.O.T.-N.H.T.S.A. curriculum.

The next phase developed national standard curriculum for the top step in the EMT ladder—EMT-Paramedic—and, since February 21, 1978, the National Registry EMT-Paramedic examinations have been given. These examinations are based on the Department of Transportation's National Standard 15-module curriculum, developed under contract by the University of Pittsburgh. The appropriate written and practical examinations were developed by the Kansas Medical Center, Emergency Medical Training Program. The impact of the examination program pointed to the importance of training programs that offered both depth and breadth of instruction in all phases of pre-hospital emergency medical care. The Registry called for each training program to equal or exceed the behavioral objectives of the new national curriculum.

To even attempt national registration as an EMT-Paramedic, the applicant has to have national registration or state certification at the EMT-Ambulance level. He or she also has to have successfully completed a state-approved, EMT-Paramedic training program "that equals or exceeds" the behavioral objectives of the National Standard curriculum, and state-approved, Registry-provided, EMT-Paramedic practical examinations. A list of other requirements is available from the National Registry of Emergency Medical Technicians (see Appendix A for address).

At the top level, the EMT-Paramedic has to perform in several skill areas. This list, published in 1984, is from the National Registry of Emergency Medical Technicians:

1. Trauma assessment and management—capable of performing a "hands-on" head-to-toe physical assessment of a trauma victim, and to provide for management.
2. Static cardiology and medical emergencies—doing EKG interpretation and treatment, and answering medical emergency questions.
3. Cardiac arrest skills—including endotracheal intubation, intravenous therapy, IV medication, defibrillation (including basic life support techniques, definitive therapy, EKG interpretation, and use of the defibrillator).
4. Cardiopulmonary resuscitation—to American Heart Association standards, and with one- and two-rescuer CPR, obstructed airway technique, and infant resuscitation.
5. Fracture immobilization—including long and short spineboards and "C" collars, traction splinting, and use of the pneumatic anti-shock garment (M.A.S.T.—Military Anti-Shock trousers).

That spectrum of skills demands from 400 to 1,000 hours or even more of intensive didactic and clinical training—plus experience on an ambulance. After a time it appeared useful to add a classification between the EMT-Basic and the EMT-Paramedic levels, something that required fewer hours than Paramedic training.

In mid-1980, the classification of EMT-Intermediate (EMT-Special Skills), was established. Although details can vary from state to state, the training generally requires candidates to have current National Registration or state certification at the EMT-Basic level, to take a state approved EMT-Intermediate course that covers Modules 1, 2, and 3 of the National Standard curriculum, and to be competent in trauma patient assessment, IV therapy, esophageal obturator airway use, and the use of the anti-shock garment. An example of varying requirements: one state requires an additional 60 hours of didactic instruction, 50 hours of clinical instruction, and 50 hours of ambulance experience for the EMT-Intermediate certification.

Training needs in emergency medical service do not stop at those three classifications. Refresher courses are offered for EMTs at all levels. Courses are given to people who provide some pre-hospital care but have other primary responsibilities—such as police work or firefighting. Such training is given in "first responder" courses. Another level of training is for almost everyone, and is based on the possibility that the first person on a scene will be someone with no responsibility for or experience in emergency care. For these persons, short courses are taught to cover the giving of cardiopulmonary resuscitation (CPR). Because the first few minutes in an emergency are so important, CPR efforts before the arrival of emergency medical service personnel can be crucial.

Nationwide, the Registry encourages the setting and upholding of minimal standards for pre-hospital care. The Department of Transportation's N.H.T.S.A. has established those standards in great detail, with many behavioral objectives that tell exactly what EMS professionals must know and do. However, the actual control of training, and thus the final responsibility for standards being met, lies with state governments. They certify who can practice the skills specified for each position.

A pattern, with some variations, has emerged at the state level. National standards and behavioral objectives are widely used. Almost all states require that the 15-module D.O.T. national curriculum be a basis for training. The two or three states that do not use these modules feel their impact.

The written and practical examinations developed by the National Registry are used in a variety of combinations. Some states use only the national written and practical examinations. Some states make the national examinations optional, with students taking either state certification or national registry examinations. Some states require one national examination (written or practical), but make the other optional. Other states don't require either national examination. Some states require the training institution to give the practical examination, but have written examinations given by regional or state staff.

Each state may differ in what organization sets and enforces training and examination requirements. Quite often, an EMS division of a state health department has this responsibility and authority. In one state, the Department of Commerce and Economic Development is in charge through its division of occupational licensing. One state has EMS training controlled by its medical association. Boards of medicine or medical licensure are responsible in other states. One state vests control in county health offices. For other variations, see individual state regulatory authorities in Appendix A.

Examinations other than those of the National Registry are developed by a variety of organizations. Some examinations are written by the training institutions, others by the state, still others by a regional organization, and some even by advisory boards or commissions.

In a few cases, accreditation for an EMT-Paramedic program is granted by the Committee on Allied Health Education and Accreditation of the American Medical Association.

Actual training also comes in a variety of methods. City departments such as police and fire departments may do their own training. Community colleges often offer the training, particularly at the EMT-Paramedic level. Possible sponsors include other post-secondary institutions—university medical centers, senior colleges, vocational schools, medical centers, or other institutions with acceptable standards. In addition, training institutions need to be affiliated with hospitals that can provide clinical, supervised training, and with emergency medical services that provide supervised experience on the job.

Undergirding all this activity is an apparent consensus that agrees with what the N.H.T.S.A has cited as important: "With recognition of the paramedic's professional status has come concern for the development of standards of performance that, in the final analysis, depend significantly on standards of training....Cognizant of these needs, the U.S. Department of Transportation (D.O.T.) and the National Highway Traffic Safety Administration (N.H.T.S.A.) have sought to develop instructional materials to guide the training of emergency medical technicians at various levels." The major questions involved in that effort have been clearly spelled out by N.H.T.S.A.: "What skills must a paramedic possess in order to function effectively in the field? And, what knowledge should that person have in order to use those skills with judgment and capability?"

To summarize, the federal government has established minimal standards, and has spelled out in great detail both the skills and the knowledge that must be mastered. A freestanding independent agency, the National Registry of Emergency Medical Technicians, is available to help ensure high standards nationwide. State governments have, or have delegated, the authority to control the training given and to determine whether a person is qualified to practice in their states. Institutions carry out the actual training.

The training itself involves a variety of people. Commercial publishers and others have developed a large amount of educational material for emergency medical service (see Appendix B). Much of it correlates directly to the course material developed by the N.H.T.S.A. (Appendix B). The training institutions have qualified professionals, including nurses, physicians, and EMTs at several levels. Hospital employees and emergency services personnel also help train EMS people. What has been built in fifteen short years is an entire system for providing the training that keeps emergency medical services operating in the United States.

Right in the midst of all that authority, responsibility, and activity is a person called the **course coordinator.** This person has the responsibility for making certain that the right things happen, correctly, and at the right times.

A course coordinator normally works with a physician who serves as a physician course advisor, a course certifying physician, or a medical director. The coordinator may be concerned with the efforts of various instructors, the clinical personnel responsible for supervising the students' clinical activities, and the emergency medical services personnel who supervise student training during ambulance experiences. In addition, a course coordinator's responsibilities may be related to examiners who will check the performance of students on practical and written examinations. Other people involved include employees of the state certifying authority, the students, the school administrators, and other employees—and, possibly, even the general public.

If the list of people involved seems long, then the task list is also impressive—and the paperwork can present a challenge all by itself.

Here are some of the job assignments one state lists for the course coordinators under its control. A course coordinator:

1. selects qualified instructors who are knowledgeable in both emergency care and teaching techniques;
2. selects facilities suitable for presenting the course and conducive to both classroom study and working with emergency care equipment—such as splints, respiratory adjuncts, or CPR training equipment;
3. has successfully completed a course coordinator session within the past 12 months and is certified at the level of the course to be coordinated, or at a higher lever;
4. arranges the details of the course—texts, visual aids, and other equipment as required by the course instructors;
5. maintains awareness of all course activities, thereby establishing continuity of pre-hospital care concepts (If disparities of emergency care instruction occur, the course instructor or the designated lecturer must research the subject matter, bringing to the class the most current and widely accepted viewpoints of correct care procedure.);
6. maintains all records of attendance and performance evaluation;
7. notifies all students and the Department of Health if the class schedule is altered or cancelled, informing them of the new time, date, and location;
8. furnishes the regional health department office with a course grade roster and signed course completion certificate indicating dates of schools, number of hours of training, and the name of the training institution;
9. informs all applicants that they must be at least 18 years of age to qualify for state testing and registration (This requires identification proving each applicant's age.);
10. sees that all students who enter class have social security numbers; and
11. notifies students of their grades.

This list is just a convenient example from one state. Details may vary by state, and those details are important.

Even so, the tasks listed point to a possibility of putting responsibilities into three categories:

1. responsibility for curriculum and instruction;
2. responsibility for facilities, equipment, and educational materials; and
3. responsibility for administration—including working with both the people and the paperwork involved in training.

This handbook is organized around these three areas responsibility. Because it is brief, a coordinator might want to go beyond reading only this one book. Orientation courses for coordinators are available. Perhaps most helpful of all would be comparing notes with other coordinators to compare the advantages and disadvantages of various experiences and insights.

2

Curriculum and Instruction

An EMS course coordinator has two broad goals, which are related to each other. First, the students in his or her program must be able to pass practical and written examinations that will lead to their being certified for specific EMS jobs. Second, the students must be able to perform in the positions for which they have been trained. Those goals are achieved largely through the efforts of other people who are concerned with the curriculum and the instruction required. But the coordinator has to make sure those people do those things at the right times.

The Curriculum, or Curricula

What is a curriculum? Older words from which that word is derived meant things like "course of a year," "running," "race course," and even "chariot." These definitions are not especially helpful, but several other definitions are.

A curriculum is "the whole body of courses offered by an educational institution or one of its branches." Thus everything taught at a particular community college would be its curriculum. An EMS course coordinator might want some knowledge of the entire curriculum, to advise people who are working towards a degree while taking courses for emergency medical service.

A curriculum is also "any particular body of courses set for various majors." To put it another way, a curriculum includes the courses to take to train for a specific occupation—in this case, emergency medical service. The D.O.T.-N.H.T.S.A. National Standard courses constitute a curriculum. Each training institution also has its own curriculum meant to qualify people for EMS work and enable them to be certified and/or registered.

A curriculum is also "a work schedule." This definition, one of the last given for the word, is not confined to education. It may be one of the most common concepts. A curriculum is often considered only the document or publication that sets out the various activities through which a person must go to become competent in an area. A curriculum by that concept is a list, in more or less detail. By that definition, the National Standard materials from N.H.T.S.A. can be considered a collection of curricula, one for each job. Each curriculum lists the behavioral objectives to achieve and presents a plan, or schedule, that provides considerable detail as to how those objectives are to be met. A National Standard curriculum often goes beyond that, including lesson plans, teaching recommendations, instructions for setting up classes, and other things necessary for successful instruction. It even provides student guides and references for use in the field.

The D.O.T.-N.H.T.S.A. materials are easily obtained and should be studied early when planning training in emergency medical services. In fact, these materials are mandated by many states as the basis for EMS training. Prices and information on how to get publications from the Government Printing Office are provided in Appendix B.

The training materials are often referred to simply as the D.O.T. materials. They are designed for several job classifications, yet have a single national goal—greater safety. A list of currently available D.O.T. titles follows.

1. **Emergency Medical Technician-Ambulance**; including a course guide, instructor's lesson plans, and a student study guide.

2. **Refresher Training Program for the Basic EMT**; a course guide.

3. **Emergency Medical Care—A Manual for the Paramedic in the Field**; a textbook with workbook.

4. **National Training Course for Emergency Medical Technician-Paramedic**; a course guide for the instructor. This new, single volume replaces 15 separate publications.

5. **Emergency Medical Services: First Responder Training Course**; a course guide, instructor's lesson plans, and a student study guide. This was formerly **Crash Injury Management for Traffic Law Enforcement Officers.**

6. **Crash Victim Extrication Training Course—Emergency Medical Technician**; an

instructor's manual, set of slides, and a student's manual.

7. **Dispatcher Training Program for EMTs;** a course guide, instructor's lesson plans, and a student study guide.

8. **Training Program for Operation of Emergency Vehicles;** a course guide, instructor's lesson plans, student study guide, and manual on Pursuuit Driving for Law Enforcement Officers.

9. **Emergency Medical Services—Instructor Training Course;** including a manual, set of slides, and two audio cassettes.

10. **Air Ambulance Guidelines—National Highway Traffic Safety Administration/AMA Commission on Emergency Medical Services, 1981.**

In a way, it is more accurate to say that each state has its own emergency medical services curriculum. The individual states act as the certifying authorities, spelling out what the work schedule or curriculum is to be. This is true even when they specify that specific National Standards are to be followed.

Curricular requirements that a state might specify include the following:

1. Course goals for a particular program. These are stated in terms of what the instructor might do. For example, "to develop student skill in recognizing various symptoms and providing non-invasive care."
2. Brief course descriptions, including such details as who is eligible to take the course, what material is to be used, and the types and duration of educational experiences. For example, one state's EMT-Basic course requires 100 hours of classroom work, three ambulance runs, and 20 hours of clinical or in-hospital work—12 of which must be in the emergency department.
3. A specification of what skills are to be studied.
4. Lists of behavioral objectives to be met.
5. Course time requirements, lesson by lesson. These may also be stated in terms of contact hours of didactic and skill instruction.
6. A list of lessons, with brief descriptions of their content.
7. Detailed descriptions of the learning to take place during clinical or in-hospital instruction.

A final definition of "curriculum" is "everything necessary to produce an instructional result." This statement is quite broad, but in some ways, it gives a better picture of EMS training in the United States today. Any of the more narrow definitions would be less useful, because of the many materials, techniques, and insights that have been developed for EMS training. The need for such training was recognized at a time when educational technology and the use of behavioral objectives were becoming more common.

A behavioral objective describes the behavior a student must show at the conclusion of instruction. Such objectives tend to be very specific, so the observer can be certain the behavior is correct. Many behavioral objectives may be needed to ensure the right results from a course of instruction. The D.O.T. materials have many behavioral objectives.

Educational technology has developed techniques an instructor might use to take advantage of aids such as projectors, televisions, computers, tape players, and special kinds of publications. Much carefully controlled research has been done to find the combinations of techniques and technology that are most effective. Behavioral objectives have helped make the results more measurable and the conclusions more reliable.

The D.O.T.-N.H.T.S.A.'s use of behavioral objectives has enabled educational technology to be applied to EMS instruction. Objectives are coded for knowledge or skill and for the module or lesson they fit. Other parts of lesson plans are also coded. Today, a number of publishers and producers of audiovisuals have developed materials using the National Standards that fit training needs. A remarkable instructional system that is still growing in the result. Some parts of that system are described in The EMS Instructor's Handbook. Specific publications and sources of material are in this course coordinator's guide's appendices.

A coordinator may have the responsibility for developing detailed training schedules—telling actual dates, times, reading assignments, and topics. Appendix D has several samples of such schedules.

Instructional Approaches

A coordinator usually has two responsibilities concerning instruction. One is to coordinate the work, done by the various instructors, necessary for a course. The other is to teach some of the materials.

The coordinator may or may not select the instructors. Some plans of organization have the coordinator select instructors. Other plans have a medical director select them. Once selected, though, the instructor becomes the coordinator's responsibility. Classes have to be scheduled, equipment may need to be provided, and the instructor may require some instruction on how to teach. The coordinator may need to ensure that the instructor's teaching is effective. Additionally, the coordinator should have overall responsibility for ensuring cohesiveness in the content being taught.

The following is a set of instructor responsibilities, spelled out by the requirements of one state:

1. Prepare and present the lecture or demonstration material as assigned.
2. Develop students' understanding and skills in the specific area of the lecture or demonstration.
3. Evaluate the students' skill capabilities.
4. Show competence in the use and maintenance of all equipment associated with the topic area.
5. Notify the course coordinator of instructional equipment needs.
6. Know the division's skill examination criteria, and adhere closely to the testing principles.
7. Abide by the policies and principles of instruction, as presented in a program of instructional technology.

Instructors may have teaching agreements covering such things as qualifications and responsibilities for instruction, selection procedures, and the current teaching assignment. Such an agreement may be signed by both the instructor and coordinator, or program or medical director. Appendix D has a sample form.

In addition to the coordinator, other people will serve as instructors. The instruction they give may extend over many weeks, or may involve only a single demonstration of some special skill they are competent in. The need for several instructors is common in situations where training is to be given in didactic, clinical, and ambulance situations. The didactic situation emphasizes instruction. Clinical and ambulance situations emphasize patient care. It can help all learning situations if the students' supervisors have some knowledge of how people learn and how they can be taught.

Most of the information an EMS teacher might need is in The EMS Instructor's Handbook. This publication is meant to complement all available instructor training courses. A teacher who must teach for several weeks or several semesters may need **all** the information in The Handbook, particularly if he or she is responsible for starting the course, teaching, testing, keeping records, and doing miscellaneous housekeeping chores. Many teachers, however, will need only some of the information.

The supervising coordinator may select what the teachers should study. Most of the information in The EMS Instructor's Handbook will be useful to the coordinator who will be teaching for long periods of time. Familiarity with all the information will make it easier to tell other instructors where to find the information they need.

Several instructional topics were deliberately left out, because they best fit the coordinator's instructional responsibilities. One responsibility is the long-term teaching of vocabulary. Medical subjects ordinarily require the learning of many new terms. Almost no lesson or demonstration will be without new words to learn. At the same time, vocabulary acquisition and mastery may take place over a fairly long period of time. A coordinator can work with the instructors to develop a long-term strategy. Here are some useful hints that could be reviewed with instructors:

1. Use the prefix, suffix, root word approach in one or more lessons. This is a common way to teach medical terminology, because so many words are built from roots plus prefixes and/or suffixes.
2. Provide definitions early in each lesson, especially at the first if the words are to be used a number of times. This has the advantage of not interrupting instruction to define terms.
3. If the main object is to teach certain terms and to show how they relate to

other terms—such as when teaching anatomy—define each word at the time it is introduced.

4. When teaching a word, use both sight and hearing. The word can be written on the chalkboard, a poster, a flash card, a transparency, or even a color slide. It can also be spoken aloud, several times.
5. Because EMS terms are used often in spoken communication, provide some means of teaching how they should be pronounced. This may be done by showing a phonetic spelling of the term in parentheses.
6. Provide for repetition. This may mean reviewing terms in several lessons. Another approach is to have the vocabulary available on an audiotape. Each student can play the tape over and over for mastery. Again, using sight will help—so a printed vocabulary list should be provided with the audiotape.
7. Provide for practice, or application. This can be done in class by having students repeat the words aloud and define them. It can also be done by having the students take the vocabulary list home and repeat the terms aloud until they are mastered. An audiotape can also help, with students recording their practice to see how close it comes to another audiotape produced by the instructor or other expert.
8. Always stress the importance of mastery of the terms. One way to do this is to point out that EMS personnel must often make written reports as well as communicate by telephone or radio with a medical command authority. An application activity with audiotape might be developed for this type of reinforcement.

Several of these items can be done by individual instructors. For other items, vocabulary lists will need to be produced and provided to an individual, who will then arrange for later application and repetition of the words. A permanent list that can be used in later courses will also be quite helpful.

Another teaching responsibility that weighs heavily on the coordinator, although it is a shared responsibility, is the teaching or development of professional attitudes. Each teacher will have some impact—positive or negative—on student attitude development. But some of them won't be around the students long enough to know if anything happens. Rightly, some teachers will focus only on knowledge or skills development, with little attention to attitudes. The start toward attitudinal development should be a careful listing of which attitudes are important. The following is a set of professional attitudes that Austin (Texas) Community College (ACC) expects of its students:

1. Honesty and integrity
2. Punctuality
3. Cooperativeness
4. Pride in workmanship
5. Mature actions
6. Consideration for others
7. Concern for patients
8. Enthusiasm
9. Ability to take constructive criticism graciously
10. Loyalty
11. Pleasantness
12. Pride in personal appearance
13. Tact

This list and some comments on professionalism make up only one of several sections in ACC's Paramedic Technology Student Handbook that strive to build professional attitudes. The book has an inspirational introductory paragraph that dramatizes the work of a paramedic and contains the EMT Oath, the EMT Code of Ethics, and a statement of the philosophy of ACC in regard to its paramedic program. Students benefit from detailed information on their rights and responsibilities, and some rules of the college. The development of such a handbook can prove an important phase of the coordinator's work.

One requirement that encourages professionalism is a dress code that specifies what is to be worn on clinical rotations. Information on the conduct expected in clinics, hospitals, or EMS units also helps. The importance of punctuality and reliable attendance can be stressed by requiring them in the program itself.

In building attitudes, or developing professionalism, the coordinator may also play the part of a counselor, working with individual students (and others) to solve problems or boost morale.

Those teachers who have more extended contact with students can plan and carry out activities—formal or not—to meet the affective (attitudinal) objectives of the program.

One special problem is maintaining morale. EMS training tends to be grim, and midway through training something may be necessary to combat that. Films for that purpose are available; coordinators who have used them may recommend specific films. Morale can also be boosted by varying the method of instruction from time to time—or by alternating skills practice with lecture presentations.

The EMS Instructor's Handbook covers a simple, straightforward method of teaching based on a four-step plan. However, a coordinator or instructor may face situations where something more difficult, like simulations or role playing, would be appropriate. Role playing is a good way to explore attitudes of other people, such as patients. Simulations can more closely approximate the actual work in the field. The coordinator who is interested in simulation and role-playing techniques can easily find information in books on education in public or institutional libraries. A few useful publications are listed in Appendix C. However, so many books are available and so often updated or superseded, that the best plan is to check at the library or ask other coordinators for their preferences.

Monitoring Instruction

When the coordinator supervises and has responsibility for the instructors and what they do, they should both have a clear agreement as to their responsibilities. The state certifying authority may have a list of instructor responsibilities, such as the one given earlier.

One way a coordinator can monitor instruction is to occasionally sit in on a class or demonstration. Quite often, a more formal approach to evaluation of instruction is used. EMS training programs use three types of formal documents to monitor training activities.

1. Forms for monitoring student performance. A form may show exactly what a student did, how often it was done, and how well it was done. Examples of these are in Appendix D.

2. Forms to evaluate the course and the performance of specific instructors. Using these, students have a chance to give their perceptions of how well the instruction has been given. For samples, see Appendix D.

3. A coordinator may find it useful to have a form to use when evaluating the instructors who teach skills. Appendix D has examples of these forms.

Students' scores on certifying examinations can indicate which instructors are competent, and how well instruction has succeeded. Probably most psychologically rewarding of all, graduates may return to tell how the instructional program benefitted them.

3

Facilities, Equipment, and Materials

A coordinator may be responsible for selecting, obtaining, scheduling, and maintaining facilities, equipment, and materials. This responsibility may include supervising or actually doing the necessary tasks. This chapter deals only with the selection of facilities, equipment, and training materials.

Facilities

Facilities are the locations where training will occur. A certifying authority may set standards for the facilities to be used in clinical training, didactic instruction, and ambulance internship. The coordinator is most likely to have some options in the didactic area.

Didactic instructional facilities include classrooms, laboratories, libraries, and administrative offices. Adequate space for student and faculty is important. Libraries should be readily accessible, and should have current periodicals, scientific books, audiovisual and self-instructional resources, and references related to the curriculum.

Several requirements for classrooms are obvious:

1. People learn better if they are comfortable, so the classroom should be at a comfortable temperature.
2. Good ventilation is needed for people to remain alert.
3. Lighting should be adequate and variable. It should be possible to darken the room for using audiovisuals, (while maintaining enough light for notetaking) and brighten it enough for students to observe a demonstration.
4. Students should be seated so everyone can see a demonstration being given or an audiovisual being shown.
5. The room should be large enough so that it is not crowded or uncomfortable, and small enough so that people will not tend to scatter or let their attention wander.
6. The room should be free of distractions, such as outside noise or inside clutter. A neat area is less distracting.

Not quite so obvious are some factors about seating for a motion picture or similar audiovisual. The best area for viewing is at least two screenwidths from the screen, and within a 30-degree angle of the axis of projection (30 degrees on each side of a line drawn between the projector and the screen). Other seats are not usable, so the room may need to be a bit larger than it would otherwise. Also, a room that is longer front to back than it is wide will be more efficient for showing movies and other projected images, than a wide room would be.

If a television is to be used, the same problem may arise.

The location of electrical outlets is also important to note, because they can affect where projection equipment is placed and whether extension cords are needed.

Equipment

The coordinator will be concerned with two types of equipment—EMS equipment, and equipment needed for audiovisual presentations.

The certifying authority may provide lists of medical (EMS) equipment to use in training, and the coordinator should already be thoroughly familiar with these items. For those reasons, this chapter covers only audiovisual equipment.

If audiovisual equipment is to be purchased, three factors need to be considered.

1. Will the vendor provide warranty and other service, conveniently and reliably, if needed?
2. Is the equipment likely to become obsolete?
3. Are appropriate materials for use with the equipment available? (For example, if a computer is being considered, will it have software that teaches emergency medical service topics?)

Many institutions will already have a variety of audiovisual equipment because different equipment has a different purpose. Each type has advantages and disadvantages, as discussed below.

16mm motion pictures can usually deliver color, sound, and motion, so they offer great realism. They are particularly useful for showing what situations are like, what motions may be required in a task, and for motivating students. Motion pictures also deliver a relatively good projected image for groups of up to about 100 persons. The disadvantages of this equipment are that it can be heavy and complicated. In particular, it may be difficult to stop a motion picture and rerun a portion of it to stress a point.

Video terminals hooked to videocassette recorders also provide color, sound, and motion—and, therefore, great realism. They are ideal for showing true situations and motions, and for motivating students. A further advantage is that the equipment is relatively less complicated—in particular, a tape can be stopped and rerun to stress a point. The disadvantage of a video terminal is that it shows a smaller image and is suitable primarily for individuals or small groups. Using a larger set or projecting the image will result in a less sharp or less bright image.

Slide projectors using 35mm slides produce a high quality, color image suitable for large groups. The advantage of using slides is that they provide great flexibility in a showing. They can be adapted by the instructor to particular information by adding, removing, or rearranging slides. A slide can be held on the screen as long as the instructor wants. A taped audio presentation may be used with the slides, to make certain the presentation is identical each time. A script provides similar standardization, allowing for some flexibility. Slide projectors vary in the power of their light output and in their lenses. Both light output and lens focal length should be compatible with the room size to be used. The seller can provide advice on that. Zoom lenses commonly used today provide some flexibility. A provision should be made for remote control of slide showing. Equipment for programming the sequence and timing of slides is available.

Filmstrip projectors show 35mm color film, but the film is left in strips rather than slides. This produces a smaller original image and results in some loss in quality if the image is projected too large. Filmstrips commonly come with audiotapes and printed instructional materials, to standardize the presentation. If an audiotape is used, the images must be changed at specific intervals to match the spoken word. If a script is used, the presentor can vary the time the image is on the screen. Filmstrips are often used in study carrells for individualized study. They are also useful for small groups. The equipment tends to be quite simple and lightweight.

Overhead projectors project images that have been copied or drawn onto large, approximately 8" x 8", sheets of plastic. Transparencies are easily made, so this type of projector has many uses for an instructor—limited only by imagination and effort. Overhead projectors can be used in rooms that are relatively well-lit and suitable for notetaking. They are usually placed beside the instructor, so the transparencies can be written upon. The size and weight of a projector are factors in selection, because a projector may remain in one room, or may be moved from place to place.

Opaque projectors can project images on opaque sheets of paper, or actual objects, onto a screen. These projectors tend to be large, heavy, and difficult to use.

Two items needed for use with projection equipment are a screen to project upon, and a stand to put the projector on.

When selecting **screens,** their size and surface need to be considered. The general rule for size is that the projected image should be in its largest dimension one-sixth the distance from the screen to the last row of viewers. In a room with the last row 36 feet away, the optimum screen size would be 6 feet wide. Usually, it is best to have a screen that is square, so vertical slides can be shown on it. If the image is less than the optimum size, the people at the back of the room will see too small an image. If the image is larger than the optimum, it will not be as bright or as sharp.

Screen surfaces come in matte white, micro-beaded, or lenticular finishes. **Matte white** screens are for use in darkened rooms where viewers are seated at extreme angles to the screen. **Micro-beaded** are used in darkened rooms where viewing angles are not so extreme. **Silver-lenticular** are used in rooms that cannot be darkened completely.

Computers are coming into their own as instructional aids. In addition to what the computer can do itself—providing textual and graphic images—it can also control the actions of other equipment, such as videocassette recorders. Currently, the problem is to determine if appropriate software is available to meet specific instructional needs. Also, computers and their related equipment are constantly being improved and/or having their prices dropped. Detailed information on computer selection changes too rapidly for inclusion in a book. Magazines, brochures, salespersons, and EMS educators should be consulted for opinions.

Audiotape recorders and players can be useful, particularly in vocabulary and communication training. Sound quality is important, and salespeople need to be consulted on this and other important features.

General Principles for Selecting Material

Instructional materials are available in several forms. These include posters, displays, models, working models such as Resusci-Anne, 35mm slide sets with audiotapes and other materials, filmstrips with audiotapes and other materials, 16mm movies, videocassette recordings, and transparency masters or transparencies for overhead projectors. Many publications are also currently used for emergency medical service training programs. More and more, complete sets of training materials that coordinate publications, visuals, and audiovisuals are becoming available.

All instructional materials should be selected to fit a specific instructional need. EMS training objectives will help clarify whether an item will be appropriate.

The acronym VACA can help one remember a simple approach to evaluating materials, by bringing to mind certain questions.

V is for **Valid.** Is the material going to help train the students so they can do something that will actually be required of them on the job?

A is for **Accurate.** Is the material accurate?

C is for **Compatible.** Is the material compatible with the training situation—the students, where training will be given, the equipment available, the time allotted, the instructor's plans?

A is for **Any Other Question** the coordinator or instructor might have. The probability is that thought and experience will lead to a number of questions that are helpful.

Special Questions for Publications

Many publications are now available for use in emergency medical service training, and every effort has been made to help instructors/coordinators choose between them. The Texas Department of Health's Emergency Medical Service division developed a series of questions that can be asked about books, then published the results in two collections of reviews. Excerpts from some of these reviews are in Appendix B. States other than Texas may have materials reviewers and publications of their reviews. Another source of information on specific books is **The Journal of Emergency Medical Service (JEMS)** (for address, see Appendix B).

Coordinators may want to develop their own list of questions, similar to this one used by the reviewers in the Texas Department of Health:

1. Title?
2. Author?
3. Publishing company?
4. Copyright date?
5. Cost?
6. Titles of supplemental manuals or workbooks?
7. Names(s) of book reviewer(s)?
8. EMS position held by book reviewer?
9. Who was the review submitted to on the EMS committee?
10. Date submitted?
11. Number of pages?
12. What training level(s) does this book apply to? ECA? EMT? EMT-Special Skills? Paramedic?
13. Can this book be used as a complete text, or as a supplement?
14. Is the writing style likable and consistent?
15. Does the level of the material's presentation correspond with the average student's capabilities?
16. Are definitions, explanations, and illustrations clear?
17. Is the content accurate?
18. Are there numerous typographical errors that make the content less clear to students?
19. Are objectives presented at the beginning of chapters, then followed?
20. Are chapter objectives logical, reasonable, and properly sequential?

21. Is this book's approach different from other EMS books available?
22. Are deletions or additions needed?
23. Generally, what is (are) the book's strongest point(s)?
24. Generally, what is (are) the book's weakest point(s)?
25. What other comments do you have?

A Special Consideration: Readability

Educators commonly rate instructional publications used by students according to reading level, i.e., a text rated at a 7th grade level is suitable for the average student in 7th grade. A related concept is that of commercial publishers, who think in terms of reading ease, rather than specific grades. Publications around the 9th or 10th grade level are usually considered to have an appropriate reading level for much of the general public that reads magazines. Technical journals and magazines often have higher reading levels, largely because of the technical and scientific terms they must use.

Only two factors are commonly used to determine reading levels—even though there are many readability formulas.

One factor is the average sentence length. Shorter sentences tend to be simpler and express fewer ideas, and therefore have easier readability. A sentence that is too long often becomes complicated and may try to include too many ideas.

The second factor is word familiarity. This can be measured in several ways, and varies with the intended audience. Some formulas simply compute the average word length and assume that shorter words are more likely to be easily understood than long words. Other formulas rely on lists of words that are known to be familiar. One common formula used in schools has 3,000 words known by school children

Emergency medical service and other medical education requires one special readability consideration. EMS students must learn a large technical-scientific vocabulary. It has to be used in EMS training publications, so these publications tend to score at a higher grade level than they would otherwise. To be realistic, two things must be done. The formula applied must take technical terms into account. Some computer readability measuring programs can count a term the first time it is used, and not thereafter. This allows for material that teaches a definition of each term the first time it appears. The second action is simply to make every effort to teach the necessary vocabulary, as outlined in Chapter 2.

Publishers will sometimes provide information on the readability of particular books. In addition, books' users may arrange for readability evaluations, then share the results. Appendix B lists readability levels for several commonly used EMS publications.

Producing Visuals and Audiovisuals

At times it may be advisable to produce visuals or audiovisuals locally. This may, or may not, save money. But it can be faster, and the aids produced can be exactly tailored to local instructional needs. A number of excellent books and booklets are available to assist in this area. Particularly helpful are the booklets in a series call "Bridges for Ideas," available from The University of Texas at Austin (see Appendix C).

4

Some Other Administrative Responsibilities

To administer is to manage or supervise the execution, use, or conduct of. It is also to perform the office of an administrator. to manage is to direct or carry on business or activities. To supervise is to watch and direct activities, especially those of other people.

From this set of definitions, it is clear that some of the administrative duties of an EMS course coordinator have already been covered. Certainly, selecting and obtaining of facilities is an administrative responsibility. Selecting and scheduling instructors is also part of managing instruction. This chapter is about some administrative duties not covered under other subjects.

These duties are from one state's list of administrative responsibilities. An administrator:

1. goes to orientation session for coordinators;
2. monitors all course activities;
3. maintains attendance records and performance evaluations;
4. notifies students and certifying authority of changes in schedule;
5. notifies certifying authority of other changes in activities;
6. informs student applicants of age, social security number, and other requirements for enrollment and certification;
7. notifies students of grades, as well as certifying authority of training results;
8. maintains records and makes reports needed to show that a program is being conducted to meet the standards of the certifying authority and other responsible organization(s);
9. works with the certifying authority to arrange scheduling and other details related to skills evaluations and written examinations. (Though these are often done by persons outside the supervision of the coordinator, some arrangements may have to be made by the coordinator.); and
10. ensures that all testing (written and skills) is both valid and reliable in terms of methodology and administration.

In other situations, where the course coordinator is replaced by a person called a program director, additional duties may be required. A program director might also:

1. provide overall direction and coordination of planning, organization, administration, periodic review, continued development, funding, and program effectiveness;
2. provide counseling services to students on an individual and group basis;
3. establish a liaison between students, program staff, the sponsoring institution, and its affiliates;
4. supply information about the program to interested individuals and organizations;
5. prepare a program budget;
6. provide a means for staff development, and ways to monitor and improve their performance; and
7. solve the problems inherent in the management and supervision of any staff—including personal problems, difficulties between individuals, general matters of morale, activity and facility scheduling, interviewing, hiring, and firing.

These two lists can be combined in a number of ways to make a job description for a course coordinator or a program director. Such a description is helpful in planning and performing a job, but the description will tend to be incomplete since some responsibilities are affected by other responsibilities. For example, a person responsible for obtaining instructional equipment may also have some responsibility toward a budget—in either helping plan it or overseeing expenditures.

The course coordinator may have a direct responsibility for first, recruiting students, and then, taking care of enrollment details. The latter requires considerable care, because the instructor has to be certain students are qualified and well informed as to what to expect and what is expected of them. The instructor must also provide data needed by the institution. Students contracts, in which a student agrees to do certain things, are very important. In a contract, a student may specify that she or he is aware of the possible dangers involved in training, and thus releases the institution from responsibility for death or injury. Appendix D has examples of contracts and agreements for attorneys and health care professionals to use as guides in drawing up their own documents. Appendix D also provides a sample of a medical history and health evaluation form required of an enrollee.

Student counseling is important, and the coordinator will probably be involved in it in some way. Failure to properly counsel students with academic or disciplinary problems can have legal repercussions, so a coordinator should first seek additional specific information on dealing with problem students. A coordinator will want to be alert for new information as it appears in professional journals.

Finally, even though only an orientation is mentioned earlier, a coordinator should seek other information and training activities for people being supervised—or for him or herself.

Paperwork, Paperwork, Paperwork

Paperwork can be time-consuming, tedious, and less immediately rewarding than other things a coordinator does. However, it would be a great mistake to slight paperwork. The records and reports a coordinator produces, or oversees, can be among the most vital products of a training program. This is because certifying and registering EMS personnel depends so heavily on being certain that many things are done, and done correctly. Records and reports indicate whether training was successful or unsuccessful. Records and reports make the difference in a student's ability to begin a career in emergency medical services, after they have met all the requirements of training, experience, and other qualifications. Records and reports protect the public and the emergency medical services that hire graduates. Records and reports are among the factors that are considered when a decision has to be made on continuing an EMS training program.

Paperwork may be divided into three categories.

1. **Requisitions** are forms used to obtain a service or an item of equipment. A coordinator may need to clarify—for herself or himself and for others—just what channels are involved in making a requisition and getting action on it.

2. **Reports** are forms that are completed then sent to other individuals or organizations to tell just what has been done to meet a specific responsibility. State certifying authorities—and other organizations—will usually have some necessary reports, requiring that specific information be filled out in a specific way, and delivered to the authority by a specific date.

3. **Records** include the paperwork needed to provide information for making reports. They also include additional information that must be kept on file for later review. For example, a certifying authority or accreditation agency may insist that the training organization keep detailed records of students and the curricula followed in training.

By its nature, paperwork is specific in what is required; however, a few generalities will help when dealing with it.

1. Make a complete file of all **reports** that will be required by the certifying authority and others during the training period or during a year or part of a year. From this file, make two lists.
   a. List all **reports** according to their purpose and the type of information included. For example, several reports may involve student qualifications, activities, and achievements. From this list, determine what types of **records** must be kept, how they must be kept, and who is to have access to them. Forms for records may be available from a certifying authority.
   b. List all **reports** according to when they must be completed or sent to someone else. Each **report** should be identified according to its number, title, purpose, recipient—or all of these. By using this list, activities related to the records can be scheduled, and a master calendar telling what must happen by specific dates may be set up.
   c. For both **reports** and **records**, make a flow chart with dates and persons to send information to, so it won't be necessary to rely on memory to get things done correctly at the right time.
2. Make a permanent results-chart, so it will be possible to look back and determine that requirements have (or have not) been

met. This would show when a report is sent to someone, when a response might be expected, and when a response is actually made. It can indicate if follow-up is advisable—and if so, by when.

3. Make a similar chart of the items and people involved in the paperwork that results from a requisition. This should at least show when the requisition goes to a specific person (or department), when a result might be expected, and whom to contact if matters don't seem to be proceeding quickly enough. It might also be useful to know whom to contact when the first person contacted isn't responding well.

4. Arrange for adequate, non-ambiguous, non-duplicative filing of reports, records, and requisitions. Some types of records fit best in file cabinets. Others, such as summary records of reports that have been sent to someone else, might be better kept in a convenient notebook.

Another type of paperwork not included with the others is the agreement. Agreements between organizations and individuals are often committed to paper to clarify and permanently record the details of what has been decided, whether it details the assignment of responsibilities or some other pertinent information. Thus a coordinator may have separate agreements with the clinical facility and the emergency medical service that is assisting with student training and experience. Such agreements are beyond the scope of this publication—far beyond. They often have legal implications, and may affect how well the organizations work together. Assistance on how to make such agreements might be available from the certifying authority, or from other EMS training organizations with experience in such matters. Examples of such agreements—and of contracts involving students and instructors—are provided in Appendix D. They should be considered only as starting points that indicate what the content of agreements might include. But they will be helpful to legal and other advisors who develop local agreements that serve similar purposes.

Public Relations—The People Part of Administration

A coordinator's administrative or managerial duties will include getting along with many different people who fit into many different categories. Good public relations, then, is a responsibility of the coordinator, and good public relations are based on the following course of action:

> Do the right thing or things, then make certain the public finds out that you did it.

This formula is based on two facts: (1) if something isn't done to deserve the good opinion of the public, then good public relations probably aren't possible, and (2) even if good public relations are deserved, the public may not find out about it in time to be much help.

The "public" may be divided into five groups: the general public; the public involved in outside organizations; employees, colleagues, and co-workers; students; and, the certifying authority and its personnel.

The broadest category that people fall into is the general public. This category can be narrowed to include only those people in a certain county or city. To merit good relations with the general public, the EMS training program needs to do its central job well—turning out graduates who will make that county or city a safer place in which to live. To get the word out, several approaches are possible.

The first approach is to use the mass media—the newspapers, and radio and television stations that serve the community. One way to benefit from this media is to regularly put out news releases about student achievements—in particular, graduations, certifications, and registrations. Such news releases should be short, accurate, and simple. They should be typed, double-spaced, starting about a third of the way down the first page. At the top of the first page should be a letterhead, and a statement as to whom to contact for additional information. The media may or may not use these stories. Either way, though, the coordinator wins. If the stories are left out, it is because of a busy news day, or because space was filled—or some other reason. But if releases are sent regularly, they can make an impact on the reporter or editor addressed. In time, the reporter may decide the EMS training program is worth a feature. If a reporter does show up, then the resulting story is likely to be longer and better than one the organization might put out itself. Even if that doesn't happen, frequent graduation stories can identify the EMS source as a possible place to go if information is needed. This could lead to favorable mention in a regular news story, and a chance to say something on behalf of emergency medical services.

The general public may also be reached through open houses, tours, and other similar activities. These may be designed for much smaller portions of the general community, yet can still be helpful. An open house for students and their families and friends could show what the program is doing to deserve credit. Often, emergency medical services personnel are called upon to participate in healthcare fairs. The coordinator, instructors, or students themselves might join the EMS personnel for such events.

Newsletters are also possible alternatives, although they may involve more work than potential benefits merit. That's because so much work is required—not because benefits won't accrue. Instead of putting out an EMS newsletter, a coordinator might make efforts to get coverage in another organization's publication—particularly if the organization is a community college or other large institution that has a good publication. In this case, the coordinator can try for much more extensive coverage than might be expected from a large city daily. The best way to get such coverage is to pique the curiosity of an editor or reporter. A reporter assigned to do a feature story will usually try to get as much space as possible for the published story. That's human nature.

Another division of "public" is made up of the outside organizations with which the coordinator must work. For example, the coordinator may be assigned to a community college, with a program that also requires cooperation from a hospital and an emergency medical service. This is a situation that requires more personal than written contact, with student contact important. Here are several things that are vital when dealing with outside organizations:

1. Be certain what the expectations are—from both perspectives. An agreement may spell out who is to do what, and when, and how. But in addition, the hospital or EMS group may have certain standards they expect students to meet. With the expectations known, it is important to maintain frequent contact to be certain they are being met.
2. Know the people who actually work with students.
3. Make contacts at times when any conversation is bound to be positive. Good relations established at times when things are going well can carry over to those inevitable times when something goes wrong. It's easier to deal with friends or acquaintances than with someone who sees you only when something is amiss.

Employees, colleagues, and co-workers are also a category of "public." This public will appreciate detailed information, so everyone can judge if good relations are justified. People being supervised will want to know what is expected of them. They will also want to know when they are meeting expectations, and when they are not. They will probably prefer to learn about success and problems first-hand—not from hearing through the grapevine. People being supervised will also be very interested in knowing whether the coordinator is doing his or her job well. They may know this before the coordinator does, and may not voluntarily tell him or her. To coordinate well, the coordinator needs to set up lines of communication. This may not ensure good employee relations, but when things have become bad, it can help make them better—before they get worse. Regarding colleagues and co-workers, good relations should be relatively simple, since the coordinator is also a colleague and co-worker and should know what they want in terms of tact and communication. The basic problem then becomes one of deserving good relationships—doing the many things a coordinator must do, and doing them well.

Good relations with people in the student public are also vital. In addition to making instruction more effective, good relations with students result in improved relations with others. Each student has many contacts in the community and possibly in organizations that may directly affect the success of a training program.

The coordinator must be concerned with his or her impact as both a teacher and, at times, a counselor. In each case, the deserving of good relations serves as the key.

Students will respond to tact, good manners, courtesy, and thoughtful behavior on the part of the coordinator. But no amount of that will gloss over a situation in which the instructor has not done his or her homework to provide the best possible instruction. Students respect good instruction and mastery of the knowledge that is to be taught.

As a counselor, the coordinator needs to be mindful of the need for both tact and honesty. Students deserve straight answers, but not needlessly painful answers. It helps to be factual and to have detailed reasons at hand when giving career advice of any kind. It can also be useful to know about people—what motivates them and why they react as they do in certain situations. This latter type of information is well beyond the purpose and size of this book. But publications are available that deal directly with the work of counseling in all its aspects.

Finally, there is the most important public of all—the certifying authority and its personnel. Conducting a good program that meets their standards is the activity that merits good relationships with them. The certifying authority will also know—relatively quickly and in considerable detail—if that activity is successful. Much of the paperwork discussed in the first half of this chapter is required for that very purpose—so the certifiers can monitor what is being done, and ensure corrections.

Appendix A
Regulatory Authorities and Professional Associations

Regulatory Authorities
Professional Associations

Regulatory Authorities

Alabama

State Department of Health
Bureau of Health Development
Division of EMS
746 Adams Avenue
Montgomery, Alabama 36130
(205)832-3935

Alaska

Emergency Medical Services Section
Division of Public Health
Pouch H-06C
Juneau, Alaska 99811
(907)465-3027

Alaska—Interior and Northern

Interior Region EMS Council, Inc.
P. O. Box 2120
Fairbanks, Alaska 99707
(907)456-3978

Alaska—Southcentral and Western

Southern Region EMS Council, Inc.
1135 W. 8th Avenue, Suite 7
Anchorage, Alaska 99504
(907)274-3651

Alaska—Southeast

Southeast Region EMS Council, Inc.
P. O. Box 2170
Sitka, Alaska 99835
(907)747-8005

Arizona

Arizona Department of Health Services
Emergency Medical Technician Program
1740 West Adams Street, Room 101
Phoenix, Arizona 85007
(602)255-1095

Arkansas

Arkansas Department of Health
Office of Emergency Medical Services
4815 West Markham
Little Rock, Arkansas 72201
(501)661-2262

California

Emergency Medical Services Authority
1600 9th Street, Room 400
Sacramento, California 95814
(916)322-4336

Colorado

Colorado Department of Health
Emergency Medical Services
4210 East 11th Avenue
Denver, Colorado 80220
(303)320-8476

Connecticut

Department of Health Services
Office of Emergency Medical Services
79 Elm Street
Hartford, Connecticut 06115
(203)566-7336

Delaware

Division of Public Health
Jesse Cooper Memorial Building
Wm. Penn & Federal Streets
Dover, Delaware 19901
(302)736-4710

District of Columbia

Office of Emergency Medical Services
1875 Connecticut Avenue, NW
Room 833D
Washington, DC 20009
(202)673-6744

Florida

Emergency Medical Services Section
Department of Health & Rehabilitative Services
1317 Winewood Boulevard
Room 267, Building 6
Tallahassee, Florida 32301
(904)487-1566

Georgia

Emergency Health Unit
State Department of Human Resources
618 Ponce de Leon Avenue, NE
Atlanta, Georgia 30365
(404)894-5170

Guam

Emergency Medical Services
Police & Fire Academy
P. O. Box 23069
GM.F., Guam 96921
Overseas Operator, 734-9912

Hawaii

Emergency Medical Services
State Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801
(808)548-2303

Idaho

Emergency Medical Services Bureau
Department of Health and Welfare
450 W. State
Boise, Idaho 83720
(208)334-4245

Illinois

State Department of Public Health
Division of EMS and Health Services
525 West Jefferson Street
Springfield, Illinois 62761
(217)785-2080

Indiana

Emergency Medical Services Commission
State Office Building, Room 315
100 North Senate Avenue
Indianapolis, Indiana 46204
(317)232-3980

Iowa

Emergency Medical Services
State Department of Health
Lucas State Office Building
Des Moines, Iowa 50319
(515)281-4963

Kansas

Emergency Medical Training Program
University of Kansas Medical Center
39th Rainbow Boulevard, Building 45
Kansas City, Kansas 66103
(919)588-7600

Kentucky

Center for Comprehensive Health Systems Development
Bureau of Health Services
Department of Human Resources
275 East Main Street
Frankfort, Kentucky 40601
(502)564-8950

Louisiana

Bureau of Emergency Medical Services
Department of Health & Human Resources
Office of Hospitals
200 Lafayette Street, Suite 600
Baton Rouge, Louisiana 70801
(504)342-2600

Maine

Emergency Medical Services
295 Water Street
Augusta, Maine 04330
(207)289-3953

Maryland

Testing and Certifications
Maryland Institute for EMS
22 South Greene Street
Baltimore, Maryland 21201
(301)528-2366

Massachusetts

Office of Emergency Medical Services
Department of Public Health
80 Boylston Street, Room 1230
Boston, Massachusetts 02116
(617)727-0564

Michigan

Division of Emergency Medical Services
Department of Public Health
P. O. Box 30035
3500 North Logan
Lansing, Michigan 48909
(517)373-1406

Minnesota

Emergency Medical Services Training
Minnesota Department of Health
717 Delaware Street, SE
Minneapolis, Minnesota 55440
(612)296-5507

Mississippi

Emergency Medical Services
State Board of Health
P. O. Box 1700
Jackson, Mississippi 39205
(601)982-6608

Missouri

Bureau of Emergency Medical Services
Missouri Division of Health
P. O. Box 570
Jefferson City, Missouri 65102
(314)751-2713

Montana

Emergency Medical Services Bureau
Montana State Department of Health
Cogswell Building
Helena, Montana 59620
(406)449-3895

Nebraska

Emergency Medical Services Division
State Department of Health
301 Centennial Mall, South
Box 95007
Lincoln, Nebraska 68509
(402)471-2158

Nevada

Emergency Medical Services Section
State Department of Health
505 East King Street
Kinkead Building
Capitol Complex
Carson City, Nevada 89710
(702)885-4800

New Hampshire

Emergency Medical Services
Division of Public Health
Health & Welfare Building, #8291
Hazen Drive
Concord, New Hampshire 03301
(603)271-4568

New Jersey

Emergency Medical Services
New Jersey Department of Health
CN 363
Trenton, New Jersey 08625
(609)292-0782

New Mexico

Health and Environmental Department
Emergency Medical Services
P. O. Box 968
Santa Fe, New Mexico 87504
(505)827-2866

New York

Bureau of Emergency Services
State Department of Health
Tower Building, 7th Floor
Empire State Plaza
Albany, New York 12237
(518)474-3171

North Carolina

Office of Emergency Medical Services
Department of Human Resources
P. O. Box 12200
Raleigh, North Carolina 27605
(919)733-2285

North Dakota

Division of Emergency Medical Services
Department of Health
State Capitol Building, Judicial Wing
Bismarck, North Dakota 58505
(701)224-2388

Ohio

Ohio Department of Education
65 South Front Street, Room 918
Columbus, Ohio 43215
(614)466-9447

Oklahoma

Emergency Medical Services
Oklahoma Department of Health
1000 NE 10th Street
Box 53551
Oklahoma City, Oklahoma 73152
(405)271-4027

Oregon

Emergency Medical Services
State Department of Human Resources
P. O. Box 231
Portland, Oregon 97207
(503)229-5586

Pennsylvania

Division of Emergency Medical Services
Pennsylvania Department of Health
Box 90
1033 Health & Welfare Building
Harrisburg, Pennsylvania 17120
(717)787-8740

Puerto Rico

Emergency Health Services
Department of Health
Ponce de Leon Avenue
San Juan, Puerto Rico 00908
(809) 765-1570

Rhode Island

Emergency Medical Services Division
State Department of Health
75 Davis Street, Room 301
Providence, Rhode Island 02908
(401)277-2401

South Carolina

Department of Health and Environmental
Control
Division of Emergency Medical Services
2600 Bull Street
Columbia, South Carolina 29201
(803)758-8616

South Dakota

Emergency Medical Services
State Department of Health
523 E. Capitol
Pierre, South Dakota 57501
(605)773-3737

Tennessee

Emergency Medical Services Division
State Department of Health
RS Gass Office Building
Ben Allen Road
Nashville, Tennessee 37216
(615)741-7221

Texas

Bureau of Emergency Medical Management
Department of Health
1100 West 49th Street
Austin, Texas 78756
(512)458-7551

Utah

Utah Department of Health
Emergency Medical Services
P. O. Box 2500
Salt Lake City, Utah 84110
(801)533-6608

Vermont

Emergency Medical Services
Blanchard Court
Montpelier, Vermont 05602
(802)229-4997

Virgin Islands

Department of Health
Government of Virgin Islands of the
United States
P. O. Box 7309
St. Thomas, Virgin Islands 00801
(809)774-1321

Virginia

Division of Emergency Medical Services
Department of Health
1102 James Madison Building
109 Governor Street
Richmond, Virginia 23219
(804)786-5188

Washington

Emergency Medical Services
Department of Social & Health Services
Olympia, Washington 98504
(206)753-5898

West Virginia

Office of Emergency Medical Services
1800 Washington Street, East
Building 3, Room 426
Charleston, West Virginia 25305
(304)348-3956

Wisconsin

Emergency Medical Services Training
Division of Health
P. O. Box 309
Madison, Wisconsin 53701
(608)266-7743

Wyoming

Emergency Medical Services Program
Department of Health and Social Services
Hathaway Building, Room 478
Cheyenne, Wyoming 82002
(307)777-7955

Professional Associations

The National Association of Emergency Medical Technicians
Post Office Box 334
Newton Highlands, Massachusetts 02161-0334
(617)894-7179

The National Registry of Emergency Medical Technicians
Post Office Box 29233
Columbus, Ohio 43229
(614)888-4484

National Council of State Emergency Medical Services Training Coordinators, Inc.
c/o Neils D. Sanddal, Consultant
P. O. Box 150
Boulder, Montana 59632

Appendix B
Materials for Instruction

How to Obtain D.O.T.-H.H.T.S.A. Publications
Sources of Printed Materials
Sources of Audiovisual Materials
Basic Life-support Publications
Advanced Life-support Publications
Readability Scores for Selected Publications

How to Obtain D.O.T.-N.H.T.S.A. Publications

Copies of the appropriate D.O.T.-N.H.T.S.A. publications may be available from a certifying authority. If not, the publications can be ordered from the Superintendent of Documents of the Government Printing Office. Do not try to order materials from the Emergency Medical Services Division of the U. S. Department of Transportation. This will only delay receiving the order.

Unless otherwise indicated, orders should be sent to:

Superintendent of Documents
Government Printing Office
Washington, D. C. 20402

A check or money order for the complete amount, payable to the Superintendent of Documents, should accompany the order. Also include the full title of the book, how many copies are desired, and the complete stock number. The titles follow.

1. Emergency Medical Technician—Ambulance (3rd Edition, 1984)

A. Course Guide 050-003-00421-1	$ 1.75
B. Instructor Lesson Plans 050-003-00422-7	10.00
C. Student Study Guide 050-003-00421-9	5.00

A revised 3rd Edition is under development, with possible publication date this summer.

2. Refresher Training Program for the Basic EMT (1979)

A. Course Guide 050-003-00363-8	3.75

(To be used with B and C under Emergency Medical Technician-Ambulance)

3. Emergency Medical Care

A. A Manual for the Paramedic in the Field (1983) 050-003-00413-8	13.00

This is a textbook for the trainee and also a reference manual for the paramedic in the field. Workbook is included in the price.

4. National Training Course for Emergency Medical Technician-Paramedic (for Instructors)

Note—The following Course Guide and 15 Modules are currently under revision, with an anticipated publication date in 1985. The revised edition will be a single volume rather than 15 separate publications.

A. Course Guide 050-003-00279-8	5.50
B. Modules	
I. The Emergency Medical Technician 050-003-00281-0	4.25
II. Human Systems and Patient Assessment 050-003-00281-0	3.75
III. Shock and Fluid Therapy 005-003-00282-8	5.50
IV. General Pharmacology 005-003-00283-6	3.25
V. Respiratory System 050-003-00284-4	3.75
VI. Cardiovascular System 050-003-00285-2	4.00
VII. Central Nervous System 050-003-00286-1	3.25
VIII. Soft Tissue Injuries 050-003-00287-9	3.50

IX.	Musculoskeletal System 050-003-00288-7	$ 3.25
X.	Medical Emergencies 050-003-00289-5	3.50
XI.	Obstetric/Gynecologic Emergencies 050-003-00290-9	3.25
XII.	Pediatrics and Neonatal Transport 050-003-00291-7	2.75
XIII.	Management of the Emotionally Disturbed 050-003-00295-5	2.75
XIV.	Rescue Techniques 050-003-00293-3	1.75
XV.	Telemetry and Communications 050-003-00294-2	1.75

5. Emergency Medical Services: First Responder Training Course (March 1979) (Formerly Crash Injury Management for Traffic Law Enforcement Officers)

A. Course Guide 050-003-00360-3	2.00
B. Instructor's Lesson Plans 050-003-00361-1	2.00
C. Student Study Guide 050-003-00362-0	3.50

6. Crash Victim Extrication Training Course—Emergency Medical Technician (Revised 1979)

NOTE—There is not a course guide for this course. A complete kit consists of a set of 54-color slides (35mm) and the other two manuals listed in Item 5. Order the kit by the full title above using order number AO 1927/DK, for 23.00. The kit must be ordered from National Audio Visual Center, General Services Administration, Washington, D. C. 20409.

A. Instructor's Manual 050-003-00343-3	4.75
B. Student's Manual 050-003-00344-1	4.50

7. Dispatcher Training Program for EMTs

A. Course Guide 050-003-00239-9	4.50
B. Instructor's Lesson Plans 050-003-00237-2	6.00
C. Student Study Guide 050-003-00238-1	6.00

A new dispatcher course is under development. It is not intended to replace the above training program. Both programs will be available for purchase.

8. Training Program for Operation of Emergency Vehicles

A. Course Guide 050-003-00330-1	4.75
B. Instructor's Lesson Plans 050-003-00332-8	12.00
C. Student Study Guide 050-003-00331-0	5.50
D. Pursuit Driving for Law Enforcement Officers 050-003-00364-6	4.00

9. Emergency Medical Services—Instructor Training Course

A new instructor training course is being developed. It will consist of three manuals: a course guide, instructor lesson plans, and a student study guide. Anticipated publication date is in 1985.

10. Air Ambulance Guidelines-National Highway Traffic Safety Administration/AMA Commission on Emergency Medical Services, 1981. DOT HS 805-703. Free, but supply is limited.

NOTE—This is not available from the Government Printing Office. Requests should go to Department of Transportation, GSA Distribution NAD-51, Washington, D. C. 20590.

Sources of Printed Materials

Abt Books
55 Wheeler Street
Cambridge, Massachusetts 02138
(616)492-7100

American Academy of Orthopaedic Surgeons
P. O. Box 7195
Chicago, Illinois 60680
(312)822-0970

American Heart Association, Inc.
7320 Greenville Avenue
Dallas, Texas 75231
(214)750-5300

Aspen Systems Corporation
P. O. Box 6018
Gaithersburg, Maryland 20877
(301)251-5000

Brady Communications Company, Inc.
Bowie, Maryland 20715
(301)262-6300

William C. Brown Company
2460 Kerper Boulevard
Rockville, Maryland 20850
(301)251-5000

Barnes and Noble Books
10 E. 53rd Street
New York, New York 10022
(212)593-7000

Cover Publishing Company
P. O. Box 1092
Tampa, Florida 33601
(813)886-6818

Davis Publishing Company, Inc.
P. O. Box 841
Santa Cruz, California 95061
(800)538-0762
(408)423-4968
(Davis sells a number of the EMS publications that are published by other companies.)

Emergency Training
181 Post Road West
Westport, Connecticut 06880
(203)227-3350

Harper and Row Publishers, Inc.
10 E. 53rd Street
New York, New York 10022
(212)593-7000

Little, Brown and Company
34 Beacon Street
Boston, Massachusetts 02106
(617)227-0730

Macmillan Publishing Company, Inc.
866 Third Avenue
New York, New York 10022
(212)702-2000
Orders to:
Front and Brown Streets
Riverside, New Jersey 08075

Medical Economics Books
Box 157
Florence, Kentucky 41042
(800)223-0581 Ext. 2755

Morton Publishing Company
295 West Hampden Avenue, Suite 104
Englewood, Colorado 80110
(303)761-4805

C. V. Mosby Company
11803 Westline Industrial Drive
St. Louis, Missouri 63141
(314)872-8370

Multi-Media Publishing, Inc.
1393 South Inca Street
Denver, Colorado 80223
(303)778-1404

National Fire Protection Association
Batterymatch Park
Quincy, Massachusetts 02269
(617)482-8755

NNR Publishing Company
P. O. Box 806
Los Altos, California 94022
(415)941-5784

National Association of Emergency Medical Technicians
P. O. Box 334
Newton Highlands, Massachusetts 02161
(617)894-7179

Ohio State University
Vocational Instructional Materials Laboratory
154 West Twelfth Avenue
Columbus, Ohio 43210-1302
(614)422-5037

Pan American Health Organization
525 23rd Street NW
Washington, D.C. 20037
(202)861-3200

Pergamon Press, Inc.
Maxwell House
Fairview Park
Elmsford, New York 10523
(914)592-7700

Raven Press
1140 Avenue of the Americas
New York, New York 10036
(212)575-0335

Reston Publishing Company, Inc.
11480 Sunset Hills Road
Reston, Virginia 22090
(800)336-0338

W. B. Saunders Company
West Washington Square
Philadelphia, Pennsylvania 19105
(215)574-4792

John Wiley & Sons, Inc.
605 Third Avenue
New York, New York 10158
(212)850-6000

Williams & Wilkins Company
428 E. Preston Street
Baltimore, Maryland 21202
(301)528-4221

Sources of Audiovisual Materials

American Academy of Orthopaedic Surgeons (AAOS)
P. O. Box 7195
Chicago, Illinois 60680
(312)822-0970
(Produces slide presentations and videocassettes for use with the AAOS publication, Emergency Care and Transportation of the Sick and Injured.)

American Film Productions, Inc.
1540 Broadway
New York, New York 10036
(212)582-1900
(Produces motion pictures on emergency care and first aid.)

Brady Communications Company, Inc.
Bowie, Maryland 20715
(301)262-6300
(Covers nursing care and emergency and hospital services. Offered on 35mm slides, filmstrips, overhead transparencies, audiocassettes, and complete multimedia training systems.)

Educational Direction, Inc.
11 Post Oak Road
Westport, Connecticut 06680
(203)207-3350
(Has a filmstrip with tapes.)

EmCOM, Inc.
4000 W. 76th Street
Minneapolis, Minnesota 54435
(612)835-4001
(Film and videocassette training films for emergency medicine.)

Emergency Training
181 Post Road West
Westport, Connecticut 06880
(203)227-3350
(Slides, filmstrips and audiocassettes, with related publications.)

Film Communicators
11136 Weddington Street
North Hollywood, California 91601
(800)423-2400
(213)766-3747
(Motion pictures and slides for emergency medical service.)

Health Science Consortium
102 Laurel Avenue
Carrboro, North Carolina 27514
(919)942-8731

Information Services Section
National Audiovisual Center
National Archives and Records Service
General Services Administration
Washington, D.C. 20490
(301)763-1896
(Offers films, slides, and tapes.)

International Film Bureau, Inc.
332 S. Michigan Avenue
Chicago, Illinois 60604
(312)427-4545
(Distributes videocassettes and 16mm film programs for paramedical personnel, focusing on emergency transport and first aid.)

Laerdal Medical Corporation
1 Labriola Court
Armonk, New York 10504
(914)273-9404
(Markets resuscitation, intubation, arrhythmia, and other training aids and emergency medical equipment.)

Medical Training Systems
710 Southwest 9th Avenue
Portland, Oregon 97204
(503)233-6794
(Distributes slides and videocassettes.)

Medical Communications Corporation
9329 West 7th Street
Merriam, Kansas 66204
(913)362-2758
(Has a disaster preparedness film.)

Video Training Resource, Inc.
7900 West 78th Street, Suite 145
Edina, Minnesota 55435
(Produces complete training series, on 16mm film or videocassettes, for emergency medical training.)

Vocational Instructional Materials Laboratory
The Ohio State University
154 West 12th Avenue, Room 139
Columbus, Ohio 43210-1302
(614)422-5001
(Has nine sets of slide-tape cassettes on topics such as examinations, moving and handling patients, vital signs, anatomy and physiology.)

Basic Life-support Publications

The following excerpts from book reviews have been condensed from a 1983 publication of the Bureau of Emergency Management of the Texas Department of Health, for use by EMS training personnel in Texas. The originals were written by individuals, and do not represent the opinions of the Texas Department of Health, the Texas Education Agency, or the University of Texas at Austin.

Categories include both main texts and supplemental texts for basic life support training. The book review committee, chaired by Eric Kunish of the Texas Department of Health, included Terry Bavousett, Andrew Cargile, Rick Murray, Sunnee Rakowitz, and Paul A. Tabor.

Because only excerpts are used, the reviews may omit some insights and information an EMS professional would find useful. The actual reviews, or newer versions, may be requested from the Bureau of Emergency Medical Management of the Texas Department of Health, at the address given in Appendix A. Prices and editions of EMS publications change fairly often, so current catalogs need to be consulted. Sources of these publications and current catalogs are listed earlier in this appendix.

These are the books reviewed:

Anatomy Coloring Book, The—Harper and Row
Basic Emergency Care of the Sick and Injured, 2nd edition—Mosby
Elements of Anatomy and Physiology—Saunders
Emergency Care, 3rd edition—Brady
Emergency Medical Treatment—Little, Brown & Company
Emergency Patient Care for the EMT-A—Reston
Emergency Response to Crisis—Brady
First Aid and Emergency Care Workbook, 3rd edition—Morton
First Care: Emergency Guide for First Responders—Multi-Media
First Responder—Brady
First Responder: A Skills Approach—Morton
First Responder: The Critical First Minutes—Mosby
On Death and Dying—Macmillan
Prehospital Emergency Care and Crisis Intervention, 2nd edition—Morton
Public Relations in the Emergency Department—Brady
Rape: Crisis and Recovery—Brady
Responding to the Mass Casualty Incident: A Guide for EMS Personnel—Emergency Training

Other publications available for basic life support:

Ambulance and EMS Driving—Hanna, 1983, $14.95; Reston
Basic Emergency Care of the Sick and Injured, 2nd edition—Parcel, 1981, $11.95 paperback; Mosby
Basic Life Support Skills Manual—Phillips, 1984, $15.95; Brady
Comprehensive Study Questions for the EMT-A: Basic Life Support—Murray, 1982, $9.95; Reston
Conflict Intervention in Social-Domestic Violence—Warner, 1981, $14.95 paperback; Brady
Disasters: Medical Organization—edited by deBoer and Baillie, 1980, $18.00; Pergamon Press
Emergency Care, 3rd edition—Grant, Murray, and Bergeron, 1982, $16.95; Brady. Also available are workbook, instructor's guide, and multi-media training system.
Emergency Care, 3rd Edition, Instructor's Guide—Weatherall, 1983, $14.95; Brady
Emergency Care, Self Instructional Workbook—Bergeron, 1982, $7.95; Brady
Emergency Care and Transportation of the Sick and Injured, 3rd edition—American Academy of Orthopaedic Surgeons, 1981, $14.00 in a set with workbook, or $12 separately; AAOS (Audiovisuals are also offered. See AV availability listing.)

Emergency Care and Transportation of the Sick and Injured, 3rd edition—AAOS, 1981, $4.00 (workbook); AAOS

Emergency Care and Transportation of the Sick and Injured, Answer Book—AAOS, 1981, $4.00; AAOS

Emergency Patient Care for the EMT-A—Barber and Dillman, 1981, $19.95 (workbook, $6.95); Reston

Emergency Patient Care, Prehospital Ground and Air Procedures—Jacobs and Bennett, 1983, $18.95; Macmillan

Emergency Response to Crisis: A Crisis Intervention Guidebook for Emergency Services Personnel—Mitchell and Resnik, 1981, $14.95; Brady

Emergency Victim Care, 3rd edition—Ohio State University, 1981, $13.00; Ohio State University (includes learner's modules, workbook, guide)

EMS and the Law—Goldstein, 1983, $13.95; Brady

EMT Review Manual, The—Ptacnik, 1983, $14.95; NNR Publishing

First Aid and Emergency Care Workbook, 3rd edition—Hafen and Karren, 1980, $14.95; Morton

First Responder—Bergeron, 1982, $14.95 (self-instructional workbook and multi-media system also available); Brady

First Responder: The Critical First Minutes—Judd and Ponsell, 1982, $10.95; Mosby

First Responder: A Skills Approach—Hafen and Karren, 1982, $12.95; Morton

First Responder: A Skills Approach Workbook—Hafen and Karren, 1982, $5.95; Morton

First Responder: A Skills Approach Answer Key—Hafen and Karren, 1982, $3.50; Morton

A Guide to Emergency Health Management After Natural Disaster—1981, $8.95; Pan American Health Organization

Law and Emergency Care—George, 1980, $29.95; Mosby

Lifting, Moving, and Transferring Patients: A Manual, 2nd edition—Rantz and Courtial, 1981, $11.95; Mosby

Management of the Psychiatric Emergency—Soreff, 1981, $16.50; Wiley

Prehospital Care and Crisis Intervention, 2nd Edition—Hafen and Karren, 1981, $21.00; Morton

Prehospital Care and Crisis Intervention Workbook—Hafen and Karren, 1982, $8.95; Morton

DOT Lesson Plans, Keyed to Prehospital Emergency Care and Crisis Intervention, with Answer Key—Hafen and Karren, 1983, $10.00; Morton

Rape: Crisis & Recovery—Burgess and Holstrom, 1979, $18.95; Brady

Rape: Helping the Victim—Helpern, 1978, $15.50; Medical Economics

Review Questions for the EMT—Hanes and Hanes, 1984, $10.95; Brady

Street Law: Rights and Responsibilities—Frew, 1983, $14.95; Reston

Reviewing Basic EMT Skills: A Guide for Self-Evaluation—Siegel, 1981, $12.95; Emergency Training

Successfully Managing Stress—Brallier, 1982, $9.95; National Nursing Review

Victim Rescue Manual—Ohio State University, 1982, $6.50; Ohio State

Victim Rescue, Instructor's Manual—Ohio State University, 1982, $9.00; Ohio State

Excerpts from book reviews.

Kapit, Wynn, and Elson, Lawrence M. The Anatomy Coloring Book, Harper and Row, 1977; 145 pages, $7.95. This is a supplemental text for the EMT level and above. It offers much variety, not only in its subject material, but also in its potential as an instructional aid. Its primary role should be that of a supplement, and it should be used mainly as a reinforcement tool for a difficult subject. . . . I feel comfortable with the material presented, as it was not contradictory to other anatomy and physiology texts I have utilized. . . . The strong points of the text are its detailed illustrations and associated descriptive text. Additionally, the step-by-step process of coloring a total anatomic system will lend itself to more comprehensive understanding. . . . (Brett Marsh)

Parcel, Guy S. Basic Emergency Care of the Sick and Injured, 2nd edition, C. V. Mosby Company, 1981; 293 pages, $11.95. This complete text for the ECA level is very easy to follow and read. It is for college-level advanced courses in first aid, and often addresses actions of first aid teachers. The presentation is not above the educational level of this group. The text is oriented toward first aid classes more than ECA (first responder) courses. Mosby's other text, The First Responder, would be more appropriate for this level of training. The title Basic Emergency Care of the Sick and Injured is somewhat misleading, since it could be confused for and ECA or even an EMT text. If necessary, it could be used as an ECA text, although it might be a better supplemental text. . . . (Eric Kunish)

Jacob, Stanley W., and Francone, C. A. Elements of Anatomy and Physiology, W. B. Saunders Company, 1976; 251 pages, $12.95. This supplemental text for EMT, EMT-Special Skills, and EMT-Paramedic is in a question-and-answer format. It is generally direct and to the point. The text includes numerous clear, well-labeled illustrations. . . . This book is neither designed for, nor advertised as, an EMS book. It is one of the more readable anatomy books available. The simplicity of explanations and the clarity of illustrations are its strongest points. . . . If this text were chosen as a supplemental text, all students should have equal access to it, either as a required text, or through sufficient library or loan copies to make it readily available. (Rothy Moseley)

Grant, Harvey; Murray, R. H.; and Bergeron, J. D. Emergency Care, 3rd edition, Brady Communications Company, 1982, **textbook**, 512 pages, $16.95.

Self-Instructional Workbook for Emergency Care, by Bergeron. 214 pages, $7.95.

Emergency Care Instructor's Guide, by Gene Weatherall, 256 pages, $14.95 (a multi-media set for use with these materials is also available). This complete textbook for the ECA and EMT levels is very clearly written. I believe it is the best **textbook** currently available for EMS training. . . . It seems to meet all the criteria for an excellent text for the new EMT student. It is very complete in areas such as extrication, bandaging, and splinting—which are often only lightly covered in other books. . . . Illustrations, pictures, and diagrams are a strong point. The text conflicts with the AAOS text in some areas, which may not be a weak point but could confuse a student using both texts. (Terry Bavousett)

Caroline, Nancy L. Emergency Medical Treatment, Little, Brown and Company, 1982; 581 pages, $15.95. This is a complete text for the EMT and EMT-Special Skills. It is the first text I know of that is designed as intermediate level—that is, without the cardiology and pharmacology chapters. Before the book is used as a primary text for any course, I feel it should be compared point by point with other authoritative EMT texts, such as Emergency Care (Brady) and Emergency Care and Transportation (American Academy of Orthopaedic Surgeons, AAOS). . . . The text needs more skills discussion. I recommend Brady's Basic Life Support Skills Manual as a supplement to skills. . . . (Rick Murray) Note—For use with the text: Dr. Caroline's Workbook in Emergency Medical Treatment: Review Problems for EMTs (Little, Brown and Company, $8.95, 231 pages) and its answer book.

Barber, Janet M., and Dillman, Peter. Emergency Patient Care for the EMT-A, Reston Publishing, 1981; 755 pages, $19.95. This is a complete text for the EMT level. A workbook is also available for $6.95. On the whole, I found the text acceptable and would recommend it if a good set of objectives were included so the student would know what is expected of him or her. The writing is simple and easy to understand throughout the book. . . . The text has a tremendous amount of material not entirely suitable for EMT-Basic. It would be an excellent reference book for the EMT who has completed training and is seeking more knowledge. (Lee Sweeten)

Mitchell, Jeffrey T., and Resnik, H. L. Emergency Response to Crisis, Brady Communications Company, 1981; 343 pages, $14.95. This is a supplemental text for all four levels—ECA, EMT, EMT-Special Skills, and EMT-Paramedic. The writing style is consistent and easy to read. The book is written for levels ranging from ECA to Paramedic. . . . This book is divided into specific topical chapters, and each chapter provides background information essential to developing an understanding of that particular crisis. The chapters also contain methods for the assessment and care of the crisis victim. In my estimation, this book is put together very well. I feel it covers the crisis victim better than most books I have read. . . . I was particularly impressed with the thoroughness it presents in such a compact book. This book would be easy for an EMS to have on hand either in the field as part of a kit, or in her or his library as a quick refresher for personal use. . . . (June Crooks)

Hafen, Brent Q., and Karren, Keith First Aid and Emergency Care Workbook, 3rd edition, Morton Publishing Company, 1977; 320 pages, $14.95. This is a supplemental text for Red Cross first aid books, I would not recommend it for any EMS course. (Rick Murray)

Wills, Sheryle L., and Tremblay, Sharyn F. First Care: Emergency Guide for First Responders, Multi-Media Publishing, Inc., 1981; 385 pages, $13.95. Workbook, $4.95. This is a complete text for the ECA. I would recommend it as a primary text for this level. The writing style is easy to read and consistent, and the average student should be able to read and learn from the text. Complicated medical terms are avoided, except when needed. The language is professional but understandable. Definitions are included in the text and glossary, explanations are clear, and illustrations are good. The many flow charts are of exceptional quality. Content is current and accurate. Logical and reasonable behavioral objectives are listed at the beginning of each chapter. . . . Self-testing at the end of each chapter is helpful to the student. . . . (Marvene Wallace)

Bergeron, J. David. First Responder, Brady Communications Company, 1982; 300 pages plus appendix and glossary (a self-instructional workbook and a multi-media training system are also available), $14.95. This complete text for ECA level provides material that is clearly stated and easily understood. Definitions, explanations, and illustrations are clear, and the content is accurate. Objectives are outlined at the beginning of each chapter, and are followed. . . . The author offers encouragement to the reader as he or she progresses. This is a real plus for the text. (Marvene Wallace)

Karren, Keith, and Hafen, Brent. First Responder, A Skills Approach, Morton Publishing Company, 1982; 320 pages plus glossary, $12.95. Also offered are a Workbook for First Responder, A Skills Approach, at $5.95, and Answer Key for First Responder, A Skills Approach, $3.50. This is an excellent complete ECA text which can be highly recommended. It is easy to read and the material is stated simply. The more than 400 illustrations are exceptionally clear and appropriate, making this text (according to the publisher) the "most heavily illustrated First Responder book on the market." It includes 16 color pages. . . . Chapter 15 (27 pages) is an admirable covering of psychological emergencies and crisis intervention on a first responder level. It also includes a 4-page section on "burn-out" with a worksheet to help one find his or her "Burn-out Index." It has a 2½-page detailed appendix on how to take blood pressure—which I haven't seen in many ECA-First Responder texts. It also has a brief section on helmet removal, also uncommon. (Paul A. Tabor)

Judd, Richard L., and Ponsell, Dwight. First Responder: the Critical First Minutes, C. V. Mosby Company, 1982; 281 pages, $10.95. This is a complete text for the ECA level. It is well organized, readable, and generally describes emergency care knowledge accurately and professionally. A student new to the EMS field should have no problem learning the necessary cognitive material for first responders from this book. In addition to writing simply, the authors have used symbols that stress important training and care keys for the student. The illustrations are clear and correct. . . . However, unlike other texts, it purposely excludes psychomotor objectives and assumes the instructor will use other material for this learning domain. . . . Training requirements and expectations for first responders vary widely and this text recognizes this. The text could still be good to teach from as long as instructors had either a good skills manual or the Texas Department of Health skills handouts to complement it. Some instructors prefer such a text because the lack of skills information would reduce the chances of a student being confused by seeing two ways to perform a skill. But, again, the instructor must be alert to any incomplete skills information in this text. . . . The text does well in Chapter 1 by clearly emphasizing that the first responder is part of an overall EMS system, and must cooperate with others. . . . (Eric Kunish)

Kubler-Ross, Elizabeth On Death and Dying, Macmillan Publishing Company, 1969; 289 pages, $3.95 (paperback). This is a supplemental text for all levels—ECA, EMT, EMT-SS, and EMT-Paramedic. A supplemental book, Questions and Answers on Death and Dying, is available. . . . I enjoyed reading this book because it provides some enlightening information about an often neglected topic in medicine: working with the dying. This book describes the "cold and calloused" attitude often displayed by medical personnel when working with the dying, and its effect on patients. The book highlights the problem by using several patient interviews. Then it provides helpful guidelines for working with this kind of patient. . . . (Terry Bavousett)

Hafen, Brent Q., and Karren, Keith J. Prehospital Emergency Care and Crisis Intervention, 2nd edition, Morton Publishing Company, 1981; 688 pages, $21.00. Workbook, $8.95. This is a complete ECA and EMT text; the workbook would be supplemental. The material is presented in an easy-to-read format, and should be easily understood by the average EMT student. Illustrations and photographs are clear and informative. The contents appear to be current and accurate, although there are discrepancies in some of the skills—as with other texts. . . . (Rick Murray)

Cameron, Cyril T. Public Relations in the Emergency Department, Brady Communications Company, 1980; 140 pages, $18.95. This is a supplemental reference text for all four levels—ECA, EMT, EMT-SS, and EMT-Paramedic. There is little literature to date that deals with this subject. The text's approach is unique in that the author uses actual emergency situations to emphasize and highlight his viewpoints. The strongest point of this text is the use of case report situations. . . . For EMS-related courses, I would recommend this as a supplemental text to be used only for reference purposes. . . . (Michael S. Lindsley)

Burgess, Ann, and Holmstrom, Lynda. Rape: Crisis and Recovery, Brady Communications Company, 1979; 477 pages, $18.95. This is a supplemental text for all four levels—ECA, EMT, EMT-SS, and EMT-Paramedic. This book is one of the most well written, authoritative books that I've ever read. . . . I believe this book should be seriously considered for recommendation for essential reading material. It discusses all details of rape—from the initial act through the victim's recovery. . . . Most students would understand the material as it is presented. (Andrew Cargile)

Butman, Alexander M. Responding to the Mass Casualty Incident: A Guide for EMS Personnel, Emergency Training, 1982; 180 pages, $12.95/ This is a supplemental text for all four levels (ECA, EMT, EMT-SS, and EMT-Paramedic). Writing style is pleasant and consistent throughout the book. The book is clear and easy to read. The level of presentation is equal to the understanding of most students from ECA through the Paramedic level. . . . Initial chapters give a broad base of information on MCIs, then the reader is led to specific details later. This book's emphasis on the role of an EMS system in an MCI fills a great void. Information on peacetime mass casualties from a civilian viewpoint is almost non-existent. A price list for mass casualty equipment would be useful. A triage quiz section or a workbook supplement could also be extremely useful. (Eric Kunish)

Advanced Life-support Publications

The following excerpts from book reviews have been condensed from a 1983 publication of the Bureau of Emergency Management of the Texas Department of Health, for use by EMS training personnel in Texas. The originals were written by individuals, and do not represent the opinions of the Texas Department of Health, the Texas Education Agency, or the University of Texas at Austin.

Categories include both main texts and supplemental texts for advanced life support training. The book review committee, chaired by Eric Kunish of the Texas Department of Health, included Terry Bavousett, Andrew Cargile, Rick Murray, Sunnee Rakowitz, and Paul A. Tabor.

Because only excerpts are used, the reviews may omit some insights and information an EMS professional would find useful. The actual reviews, or newer versions, may be requested from the Bureau of Emergency Medical Management of the Texas Department of Health, at the address given in Appendix A. Prices and editions of EMS publications change fairly often, so current catalogs need to be consulted. Sources of these publications and of current catalogs are listed earlier in this appendix.

These are the books reviewed:

Advanced Skills in Emergency Care—Emergency Training.
Basic Arrhythmias—Brady
Drug Dosage and Solutions Workbook—Brady
Emergency Cardiac Care, 2nd edition—Brady
Emergency Care in the Streets, 2nd edition—Little, Brown and Company
Emergency Care: Principles and Practices for the EMT-Paramedic, 2nd edition—Reston Publishing
Emergency Drug Manual—Reston Publishing
Emergency Medical Treatment—Little, Brown and Company
Flint's Emergency Treatment and Management, 6th edition—Saunders
Handbook of Health Assessment—Brady
Monitoring Heart Rhythm—Wiley
Orthopaedics in Emergency Care—Mosby
Paramedic Review—Mosby
Prehospital Care of Cardiovascular Emergencies—American Heart Association
Paramedic Skills Manual—Brady
Pharmacology & Therapeutics in Emergency Care—Multi-Media
Public Relations in the Emergency Department—Brady
Rapid Interpretation of EKGs—Cover Publishing
Textbook of Advanced Cardiac Life Support—American Heart Association

Other advanced life support publications not reviewed:

Behavioral Emergencies: A Field Guide for EMTs and Paramedics—Bassuk, et al, 1983, $13.95; Little, Brown and Company
Body Fluids and Electrolytes: A Programmed Presentation, 3rd edition—Weldy, 1978, $10.95; Mosby
Cardiac Arrhythmias—Conover, 1978, $13.95; Mosby
Cardiopulmonary Cerebral Resuscitation—Safar, 1981, $17.50; Saunders
Comprehensive Study Questions for the EMT-A: Basic Life Support—Murray, 1982, $9.95; Reston
Early Care of the Injured Patient, 3rd edition—American College of Surgeons, 1982, $29.95; Saunders
Emergency Cardiac Care, 2nd edition—Huszar, 1981, $19.50; Brady
Emergency Care—Boswick, 1981, $9.95; Saunders
Emergency Care, 3rd edition—edited by Warner, 1982, $27.95; Mosby

Emergency Care: Assessment and Intervention, 3rd edition—Warner, 1978, $21.95; Mosby
Emergency Medicine: A Comprehensive Review—Kravis and Warner, 1982, $120.00; Aspen Systems Corporation
Emergency Patient Care: Prehospital Ground and Air Procedures—Jacobs and Bennett, 1983, $18.95; Macmillan
Emergency Transfer of the High-risk Neonate—Ferrara and Harin, 1979, $25.00; Mosby
Fundamentals of Mobile Coronary Care—Rose and Rose, 1979, $15.95; Williams and Wilkins
Immediate Care of the Acutely Ill and Injured, 2nd edition—Stephenson and Kimpton, 1978, $15.95; Mosby
Manual of Advanced Prehospital Care, 2nd edition—Walraven, et al, 1984, $17.95; Brady
Manual of Gynecologic and Obstetric Emergencies, 2nd edition—Taber, 1984, $25.95; Saunders
Mobile Intensive Care: A Problem-Oriented Approach—Baldwin and Pierce, 1978, $13.95; Mosby
Mosby's Comprehensive Review of Critical Care—Zschoche, 1980, $34.95; Mosby
Mosby's Manual of Emergency Care: Practices and Procedures—Barber and Budassi, 1979, $24.95; Mosby
Neurologic Emergencies: Recognition and Management—edited by Salqman, 1980, $32.50; Raven Press
Paramedic Field Review—Julihn and Walraven, 1982, $12.95; Reston
Paramedic Handbook—Jensen, 1983, $8.95; Multi-Media
Paramedic Manual, The—Copass and Eisenberg, 1980, $12.95; Saunders
Poisoning Emergencies: A Guide for Emergency Medical Personnel—Czajka and Duffy, 1980, $11.95; Mosby
Practical Paramedic Procedure, 2nd edition—Eubanks and Wasserberger, 1981, $13.95; Mosby
Prehospital Care for the EMT-Intermediate—LaFevers and Loren; 1983, $16.95; Reston
Principles and Practice of Emergency Medicine (2 volumes)—Schwartz, 1978, $130.00; Saunders
Protocols for Prehospital Emergency Medical Care—Abbott, 1980, $11.95; Williams and Wilkins
Review Manual for EMT-Intermediate—Ptacnik, 1984, $12.95; NNR Publishing Company
Shock-Trauma Manual—Gill and Long, 1979, $26.00; Williams and Wilkins
Triage—Rund and Rausch, 1981, $14.95; Mosby

Excerpts from book reviews.

Butman, Alexander, et al. Advanced Skills in emergency Care: A Text for the Intermediate EMT, Emergency Training, 1982; 277 pages, $12.95. This is a complete text for EMS-Special Skills training. It is possibly the first book specifically written for the EMT with Special Skills (the Intermediate EMT). Some people think more effort should be made to encourage EMTs toward the special skills level rather than the Paramedic level, for both economic and utilitarian reasons. The Special Skills level is directed mostly to the trauma patient who is very likely to survive if treated rapidly. Cardiac patients, on the other hand, which the paramedic course discusses, generally have a short-term and/or relatively low chance of survival. A shift in emphasis may be coming, perhaps exemplified by this text and a new text by Nancy Caroline for the EMT and EMT-Intermediate, where more prehospital efforts are oriented toward trauma life support rather than cardiac life support. The text addresses its subject matter simply, directly, and basically. For EMS personnel who are not quick to learn new skills (which includes many of us) this is an excellent primer. . . . We should carefully observe this and other texts that address EMT-Special Skills training. (Eric Kunish)

Walraven, Gail. Basic Arrhythmias, Brady Communications Company, 1980; 528 pages, $17.95. Lecture slides are also available. This can be either a complete or supplemental self-instructional programmed text for use at the EMT-Special Skills or EMT-Paramedic level. The student progresses at his or her own pace. Each arrhythmia is presented in a clearly marked gray box, with each aspect of the rhythm explained in detail. Also, each of the rules is presented in the text so the student is exposed to each set of criteria at least twice. . . . The self-paced material is an excellent back-up means for students to review material presented in class. Self-tests help reinforce the learning experience. If the instructor is fairly comfortable with EKGs, the class should not have much difficulty. The students should understand from the beginning that the answers are to be used only as a resource for comparison, and not as the final word. (Bruce Addison)

Norville, Mary F. Drug Dosages and Solutions Workbook, 1st edition, Brady Communications Company, 1982; 136 pages, $11.95. This is an excellent book for paramedic instructors to use for ideas, and would be a fair supplemental text for some courses. . . . Although content is accurate, much of what is presented is beyond the use of prehospital personnel. The text is not exclusively for EMT use, but rather for nursing. . . . (Sunnee Rakowitz)

Huszar, Robert J. Emergency Cardiac Care, 2nd edition. Brady Communications Company, 1982; 448 pages, $19.50. This book is best used as a supplement rather than as a complete text for the EMT-Paramedic level student. However, it comes near being a complete text for the EMT-SS level student. . . . The previous edition had a slide set to accompany it. I presume the next edition will also eventually have slides with audiotapes. Procedures listed included basic life support as well as advanced life support. . . . An instructor using this book as the only text would need to supplement it with other material to cover the objectives for a Special Skills or a Paramedic class. The arrhythmia recognition section and medication administration section would not be used by special skills students. The text covers a lot more than its title indicates. (Bonnie Jackson)

Caroline, Nancy L. Emergency Care in the Streets, 2nd edition, Little, Brown and Company, 1983; 603 pages, $16.95. Also available is Workbook for Emergency Care in the Streets, 2nd edition. It has 203 pages and sells for $11.95. This is a complete text for Paramedic training. The additions in material and emphasis to the first edition of Dr. Caroline's book make this text, in my opinion, still one of the most valuable for Paramedic training on the market—in spite of several deficiencies. The style is readable and often humorous. An outline format is frequently used, and capitalization calls attention to specific subjects. . . . few (students) should find it too difficult for an introductory advanced level text. Supplemental texts can be used for students at either end of the spectrum. . . . Numerous supplemental texts and teaching aids—including AV materials—are available to the instructor if those in the text seem insufficient or unclear. . . . Substantial material has been added since the first edition, and the use of larger print makes the reading easier. Valuable additions include information on how drugs are supplied, and more complete information on their administration and dosage. . . . Unless additional texts are used, or the student has a strong background in anatomy and physiology, the material in the text alone may not be sufficient preparation for accurate assessments. (Rothy Moseley)

Gazzaniga, Alan B.; Iseri, Lloyd T.; and Baren, Martin. Emergency Care: Principles and Practices for the EMT-Paramedic, 2nd edition, Reston Publishing Company, 1982; 587 pages (plus glossary and index), $21.95. Workbook, $9.95. When reading this text, one should realize it is primarily a "California text." All three editors are professors at the University of California. This explains some of the oddities in the text. But don't be fooled—to date, overall, this is the best Paramedic text this reviewer has seen, and I highly recommend it. This is a complete text for the EMT-P level. . . . Probably more knowledge than "average" would be required of one using this book as a text. . . . Compared to the first edition just two years ago, this second edition expands the previous material and presents some new material as well. The chapters have been rearranged. There are some new illustrations, and some information on specific systems was combined—generally making this second edition more readable and more easily understood than the first. This is a much improved edition. (Paul A. Tabor)

Ming, Dennis, and Serra, Elaine. Emergency Drug Manual, Reston Publishing Company, 1980; 131 pages, $7.95. This is a supplemental text for EMT-SS and EMT-Paramedic levels. I found this to be an excellent supplement for Module IV. The text is very easy to read, and at a level of presentation that should be easily understood by the average student. Definitions, explanations, and illustrations are clear. . . . (Rick Murray)

Caroline, Nancy L. Emergency Medical Treatment, Little, Brown and Company, 1982; 581 pages, $15.95. This can be used as either a complete text or a supplemental text for EMT or EMT-SS training. The writing style is very good, and the level of presentation is suitable for the average student's capabilities. . . . This is the first text I know of that is designed at an intermediate EMT level—without the cardiology and pharmacology chapters. It needs more skills discussion. . . . Before this text is used as the primary text for any course, it should be compared point to point with other authoritative EMT texts, such as Emergency Care, published by Brady Communications Company, and Emergency Care and Transportation of the Sick and Injured, published by the American Academy of Orthopaedic Surgeons (AAOS). (Rick Murray) (Note—For use with the text, Little, Brown also offers Dr. Caroline's Workbook in Emergency Medical Treatment: Review Problems for EMTs, and an answer book for that workbook.)

Cain, Harvey D. Flint's Emergency Treatment and Management, 6th edition, Saunders Publishing Company, 1980; $22.00. (A 7th edition will be available in March. It has 816 pages and costs $29.95.) This is a supplemental reference for the EMT-Paramedic level. The author's style is easy to read. This book is written for physicians and others in advanced medical fields. . . . This book covers each topic completely. Our EMS books tend to point out the most serious aspects of illness or disease and by-pass the minor problems. . . . Overall, I find this book fascinating. It has subjects from camel bites to hiccups. (Andrew Cargile)

Rudy, Ellen, and Gray, Ruth. Handbook of Health Assessment, Brady Communications Company, 1981; 184 pages, $9.95 paperback. This would be very good for study by the EMT-Paramedic as it is very complete in the area of patient assessment. It is logical, reasonable, and properly sequential, and can be a real tool in actual assessment. It does cover many areas that would be used only by registered nurses and physicians and is in more detail than the EMT-Paramedic would be able to use on the job. . . . (Kenneth McBeath)

Summerall, Charles, et al. Monitoring Heart Rhythm, Wiley Biomedical, John Wiley and Sons, Inc., 1976; 208 pages, $18.50. This is a supplemental book for Paramedic level. It is one of many programmed EKG books, and is one of the best. The writing style is alright, and the book progresses at a steady rate. Definitions, explanations, and illustrations are clear. The content is accurate. Objectives, which are followed, are logical, reasonable, and properly sequential. The pre-test, unit review, and post-test for each chapter are the strongest points in the book. (Rick Murray)

Schneider, F. Richard. Orthopaedics in Emergency Care, C. V. Mosby Company, 1980; 177 pages, $12.95. This does not fit any EMS training level, but could be a supplement. Any person with a thorough knowledge of medicine might derive some value from it. It appears most suited for the physician. . . . This text has very little use for prehospital providers. It is more suited as a guideline to the physician on the management of various orthopaedic problems encountered in the emergency department. Despite that, it is a very informative book that can provide and expand knowledge of such emergencies encountered in the prehospital setting. (Rick Murray)

Wills, Sheryle L., and Tramblay, Sharyn F. Paramedic Review, C. V. Mosby Company, 1981; 260 pages, $11.95. This supplemental book for paramedic training is presented in a question and answer format. The questions are multiple choice, with varying degrees of difficulty from the simple basic level to the more difficult advanced level. Each chapter follows a sequence close to one of the 15 modules in the Department of Transportation Paramedic course. . . . This book offers a logical and practical approach for taking an examination. Questions stimulate thinking and reasoning. Also, reasonable answers clear up any confusion. . . . (Dwight Tipps)

Prehospital Care of Cardiovascular Emergencies, American Heart Association, 1979; 66 pages, $6.00. This is a supplemental book for the Paramedic level. The book's strongest point is the use of algorithms (step by step procedures for solving problems) for the treatment of chest pain, cardiac arrest, hypertension, and other conditions. . . . This book is well written for both the EMS program and for American Heart Association instructor use. . . . (Rick Murray)

Phillips, Charles. Paramedic Skills Manual, Brady Communications Company, 1980; 240 pages, $15.95, paperback. (Lecture slides are available.) This is a supplemental book for the Paramedic level. I wish this book had been around when I got my paramedic training. The book is exciting and a knowledge tool of good value. As the introduction states, it is a manual—a "how-to" book—not a primary textbook. The strong points of the book are its pictorial nature and the use of good learning theory. . . . The text covers more of the optional skills than many other texts available. (Sunnee Rakowitz)

Margolis, Stephen, and Wasserberger, Jonathan. Pharmacology & Therapeutics in Emergency Care, Multi-Media Publishing, Inc. 1982; 308 pages (plus bibliography and index), $16.95. This is a supplemental text for paramedic-level training. All in all, it is an extremely practical pharmacology text without slighting the necessary theory. It is well balanced between theory and practicality. It is an excellent learning tool that should be in the possession of every paramedic instructor and EMS library. . . . (Paul A. Tabor)

Cameron, Cyril. Public Relations in the Emergency Department, Brady Communications Company, 1980; 140 pages, $18.95. This is a supplemental text for all four levels—ECA, EMT, EMT-SS, and EMT-Paramedic. There is little literature to date which deals with the subject of this text. Its approach is unique in that the author uses actual emergency department situations to emphasize and highlight his viewpoints. . . . For EMS-related courses, I would recommend this as a supplemental text to be used for reference purposes. . . . (Michael S. Lindsley)

Dubin, Dale. Rapid Interpretation of EKGs, 3rd edition, Cover Publishing Company, 1974; 291 pages, $18.00. Rapid Interpretation of EKGs can only be recommended as a supplemental text for Paramedic classes and its application would be beneficial only in the first stages of instruction. Its content and presentation are so simplistic that the course progresses well beyond its usefulness. However, as an introductory vehicle to learning cardiac management and EKG interpretation, the book is functional. . . . More conceptual knowledge of cardiac function, dysfunction, diagnostics, and management is required in a paramedic course. But for its intent, Dr. Dubin's book is complete. (Jim Arnold)

McIntyre, Keven, and Lewis, A. James. Textbook of Advanced Cardiac Life Support, American Heart Association, 1981. This 310-page text is included in the $125.00 cost of an advanced cardiac life support course. This book is geared toward nurses and doctors, not necessarily toward EMT-SS and EMT-Paramedic training. It would be an excellent reference for practicing Paramedics or for instructors. . . . (Rick Murray)

Readability Scores for Selected Publications

Several texts used in EMS training in Texas have been evaluated to determine their readability levels. The following list gives reading levels of publications in use as of January 1983, by categories based on level of certification.

Title	Reading Level
Level I: EMT-Basic	
AAOS. Emergency Care and Transportation of the Sick and Injured, 3rd edition, 1981, AAOS	13
Ebbron. Cardiopulmonary Resuscitation (CPR) Phamphlet, 2nd edition, American Heart Association	8
Level II: EMT-Advanced	
Caroline. Emergency Care in the Streets, 1980, Little, Brown (See page 49)	13
Gazzaniga; Iseri; and Baren. Emergency Care: Principles and Practices for the EMT-Paramedic, 1979, Reston (See page 50)	14
Level III: EMT-Advanced/Cardiac	
Olsen, et al. Medical Dosage Calculations, 1978, Benjamin Cummings	9
Hitner and Nagle. Basic Pharmacology for Health Occupations, 1980, Bobbs-Merrill	17+
Huszar. Emergency Cardiac Care, 1974, Brady (See page 49)	17+ (15 if medical terms are subtracted)
Dubin. Rapid Interpretation of EKGs, 3rd edition, 1974, Cover (See page 51)	17+ (16 if medical terms are subtracted)
Level IV: EMT-Paramedic	
Dube and Pierog. Immediate Care of the Sick and Injured Child, 1978, Mosby	17+
Mitchell and Resnik. Emergency Response to Crisis, 1981, Brady (See page 44)	11
Wills and Tremblay. Paramedic Review, 1981, Mosby (See page 51)	8

National Registry Examinations

The National Registry written examinations have also been evaluated for readability, by Professor Edgar Dale of Ohio State University. The reported level, 12th grade, was said to be the result of necessary medical and technical terms, and to be entirely appropriate for post high school students.

Appendix C
Materials for the Instructor or Coordinator

Books on Supervision, Instruction, and Instructional Design and Development
National EMS-related Periodicals

Publications on Supervision, Instruction, and Study Skills (with addresses)

Administration and supervision

Bjorkquist, David C. *Supervision in Vocational Education: Management of Human Resources*, Allyn & Bacon, Inc. (College Division, Link Drive, Rockleigh, New Jersey 07647, Tel. 800-526-4799)

Finch, Curtis R., and McGough, Robert. *Administering and Supervising Occupational Education*, Prentice-Hall, Inc., 1982. (Box 500, Englewood Cliffs, New Jersey 07632)

Developing Instructional Systems and Materials

Instructional Design: Principles and Applications, edited by L. J. Briggs. Educational Technology Publications, 1977. (140 Sylvan Avenue, Englewood Cliffs, New Jersey 07632, Tel. 201-871-4007)

Mager, Robert F. *Preparing Instructional Objectives*, 2nd edition, Pitman Learning, Inc., 1975. (6 Davis Drive, Belmont, California 94002, Tel. 415-592-7810)

"Educational Technology" series, edited by H. F. O'Neill. Ten titles, ranging from Procedures for Instructional Systems Development to Cognitive and Affective Learning Strategies. Academic Press, Inc. (111 Fifth Avenue, New York, New York 10003, Tel. 212-741-6800)

Rowntree, Derek. *Educational Technology in Curriculum Development*, 2nd edition, Harper & Row, Inc., 1982. (Keystone Industrial Park, Scranton, Pennsylvania 18512)

The University of Texas at Austin, "Bridges for Ideas" series: Production of 2 x 2-inch slides, revised edition; Lettering Techniques, revised edition; Educational displays and Exhibits; The Tape Recorder, revised edition; Better Bulletin Boards, revised edition; Local Production Techniques; Instructional Display Boards; The Overhead (Projector) System, revised editions; Designing Instructional Visuals; Models for Teaching; Using Tear Sheets; Basic Design and Utilization of Instructional Television, revised edition. (Available from Film Library, P.O. Box W, The University of Texas at Austin, Austin, Texas 78713, Tel. 512-471-3572.)

Instructional Techniques

Cockrum, Jim. *The EMS Instructor's Handbook*, EIMC—The University of Texas at Austin, 1985. (P. O. Box 7218, Austin, Texas 78713-7218, Tel. 471-7716.)

Davies, Ivor K. *Instructional Technique*, McGraw-Hill Book Company, 1981. (1221 Avenue of the Americas, New York, New York 10020, Tel. 212-997-1221.)

De Tornyay, R., and Thompson, M. A. *Strategies of Teaching Nursing*, 2nd edition, John Wiley & Sons, Inc., 1971. (605 Third Avenue, New York, New York 100158, Tel. 212-850-6418) This is for nurses, but includes some material of possible use for EMS training—concerning individualized instruction, simulation and games, development of psychomotor skills, and others.

Goetsch, David. *Learning How to Teach: Self-Paced Modules for Part-Time Vocational Instructors*, American Vocational Association Special Publications, 1983. (2020 N. 14th Street, Arlington, Virginia 22201, Tel. 703-522-6121)

Simulation in Higher Education: Papers from the Denison Simulation Center, edited by Esther Thorson, Exposition Press, 1979. (325 Rabro Drive, P. O. Box 2120, Smithtown, New York 11787-0817, Tel. 516-582-6655)

Udolf, Roy. *The College Instructor's Guide to Teaching and Academia*, Nelson-Hall Inc., 1983. (111 North Canal Street, Chicago, Illinois 60606, Tel 312-930-9446.) Covers such topics as how to change academia, skills that underlie quality teaching, motivating and interacting with students, teaching strategies, dealing with slow and fast learners, and designing and grading tests.

Study Skills and EMS Orientation

Ogle, Patrick. The EMS Student Handbook EIMC—The University of Texas at Austin, 1985. (P. O. Box 7218, Austin, Texas 78713-7218, Tel. 512-471-7716.)

National EMS-related Periodicals

NAEMT Newsletter
National Association of Emergency Medical Technicians
Box 334
Newton Highlands, Massachusetts 02161-0334

JEMS, Journal of Emergency Medical Services
Jems Publishing Company
Post Office Box 401
Basking Ridge, New Jersey 07920

EMERGENCY, the Journal of Emergency Medical Service
Dyna Industries, Inc.
6200 Yarrow Drive
Carlsbad, California 92008

EMERGENCY MEDICAL SERVICES, the Journal of Emergency Care and Transportation
Emergency Medical Services, Inc.
12849 Magnolia Boulevard
North Hollywood, California 91607

Appendix D
Samples of Forms Used in EMS Training

Formats for Scheduling Training
Student Contracts and Enrollment Documents
Instructor Contracts
Training Affiliation Agreements
Student Course Evaluation Forms
Instructor Evaluation Forms
Student's Clinical Training Reports

Appendix D: Samples of Forms Used in EMS Training

These forms may be used as starting points when developing similar documents for other training programs. Each form is from an actual EMS training program. Special credit for providing these forms goes to Ms. Betty Till-Burton, of Austin (Texas) Community College, and Ms. Bonnie Jackson of the Health Sciences Center at Texas Tech University, Lubbock.

Although several forms have been arranged so they may be duplicated directly, it is advisable to study each form to be certain it will meet your specific, local needs. A list of forms and the specific items they cover follows.

1. **Formats for scheduling training**
   - Schedule for Emergency Medical Technician training—with dates, times, reading assignments, and topics
   - Schedule for an EMT-Special Skills class—with dates, times, and reading assignments, and topics
   - Schedule for EMT-Paramedic training—with dates, times, reading assignments, and topics
   - Syllabi for a paramedic technology program

2. **Student contracts and enrollment documents**
   - Report of Health Evaluation and Medical History for a student enrolling in an EMS program
   - Emergency Medical Programs Training Agreement for EMT, EMT-Special Skills, and EMT-Paramedic students
   - General Statements and Directions for a paramedic technology program in a community college
   - Student contract for a paramedic technology program in a community college, signed by both student and instructor
   - Emergency Medical Technician Student Contract
   - Student Contract for EMT-Special Skills/Paramedic Course

3. **Instructor contracts**
   - Part-Time Teaching Assignments for Lead Instructors in Emergency Medical Programs, including qualifications, responsibilities, selection procedures, and instructor's signed agreement

4. **Training affiliation agreements**
   - Samples of agreements made between a hospital district or hospital, and an educational institution

5. **Student course evaluation forms**
   - Student evaluation of a clinical unit in a paramedic technology program
   - Course evaluation, done by student
   - Course and instructor evaluation for paramedic technology, done by student

6. **Instructor evaluation forms**
   - Skills Instructor Evaluation, done by coordinator or lead teacher

7. **Student's clinical training reports**
   - Mobile Intensive Care Unit evaluation, done by student
   - Labor & Delivery/Pediatrics/Psychiatric Unit evaluation, done by student
   - Surgery/ICU/CCU evaluation, done by student
   - Emergency Department evaluation, done by student

Formats for scheduling training

DENVER CITY
EMERGENCY MEDICAL TECHNICIAN CLASS
1984

DATE	TIME	READING ASSIGNMENT	LESSON TOPICS
September 17	6:00- 9:00 pm	Ch. 1,2	EMT Roles, Responsibilities and Equipment Roles and Responsibilities Medicolegal Problems Attitudes and Conduct Overview of Anatomy and Physiology of Respiratory System
	9:00-10:00 pm	Ch. 3,5	Airway Obstruction and Pulmonary Arrest Overview of Anatomy and Physiology of Respiratory System
September 20	6:00- 8:00 pm	Ch. 11	Airway Obstruction and Pulmonary Arrest, Continued Mechanics of Respirations Airway Care Modified Heimlich Maneuver The Laryngectomee
	8:00- 9:30 pm	Ch. 11	Mechanical Aids to Breathing and Pulmonary Resuscitation Oropharyngeal Airways and S-Tubes Suction, Oxygen, and Bag-Valve-Masks
	9:30-10:00 pm	Ch. 7,10	Cardiac Arrest Overview of Anatomy and Physiology of Circulatory System Mechanics of Circulation
September 24	6:00- 8:00 pm	Review Related Reading	Skills Practice Session Airway Obstruction and Pulmonary Arrest Mechanical Aids to Breathing Cardiopulmonary Resuscitation--Single Rescuer
	8:00-10:00 pm		Baseline Determinations
September 27	6:00- 8:30 pm	Ch. 7,10	Cardiac Arrest, Continued Signs of Cardiac Arrest Techniques of CPR (Single, Team, Infant)
	8:30-10:00 pm	Ch. 4,8,9	Bleeding and Shock Review of Anatomy and Physiology of Circulatory System Vital Signs and Patient Assessment
October 1	6:00-10:00 pm	Review Related Reading	Skills Practice Session Cardiopulmonary Resuscitation--Team, Infant Vital Signs
October 4	6:00- 7:30 pm	Ch. 9	Bleeding and Shock, Continued Internal and External Bleeding Types, Signs, and Treatment of Shock
	7:30- 9:30 pm	Ch. 12,22 23	Wounds Types and Emergency Care Techniques Dressing and Bandaging
	9:30-10:00 pm	Ch. 13-15	Fractures and Dislocations of the Upper Extremity Overview of Musculo-skeletal System
October 8	6:00-10:00 pm	Review Related Reading	Skills Practice Session Dressing and Bandaging CPR, Vital Signs, Mechanical Aids to Breathing
October 11	6:00-10:00 pm	Review Related Reading	FIRST INTERIM EXAMINATION Written: Text Chapters 1-5; 7-11 Skills: CPR, Vital Signs, Mechanical Aids to Breathing
October 15	6:00- 7:30 pm	Ch. 13-15	Fractures and Dislocations of the Upper Extremity Overview of Musculo-skeletal System Types of Fractures Signs and Symptoms Emergency Care Techniques
	7:30- 9:00 pm	Ch. 16	Fractures and Dislocations of the Lower Extremity Signs and Symptoms Emergency Care Techniques Traction Splinting
	9:00-10:00 pm	Ch. 20-21	Injuries of Head, Eye, Face, Neck, and Spine Overview of Anatomy and Physiology of Nervous System
October 18	6:00-10:00 pm	Review Related Reading	Skills Practice Session Fractures and Dislocations of the Upper Extremity Fractures and Dislocations of the Lower Extremity
October 22	6:00- 7:30 pm	Ch. 17-19	Injuries of Head, Eyes, Face, Neck, and Spine, Continued Signs and Symptoms Emergency Care Techniques Including Spinal Immobilization
	7:30-10:00 pm	Ch. 6,23 25,26	Injuries to the Chest, Abdomen, Pelvis, and Genitalia Relative Anatomy and Types of Injuries Signs and Symptoms Emergency Care Techniques

BEST COPY AVAILABLE

BEST COPY AVAILABLE

October 25	6:00-10:00 pm	Review Related Reading	Skills Practice Session Care of Injuries to Head, Eye, Face, Neck, and Spine Care of Injuries to Chest, Abdomen, Pelvis, and Genitalia
October 29	6:00-10:00 pm	Review Related Reading	SECOND INTERIM EXAMINATION Written: Chapters 6; 12-23; 25-26 Skills: Bandaging and Splinting; Traction Splinting
November 1	6:00-10:00 pm	Ch. 27,28 30,31	Medical Emergencies Heart Attack and Stroke Hyperventilation and Dyspnea Asthma and Emphysema Epilepsy and Convulsions Unconscious Patient
November 5	6:00-10:00 pm	Ch. 29,35 36,24 32,42	Medical Emergencies, Continued Diabetic Coma and Insulin Shock Emotionally Disturbed Patient Overdose Acute Abdominal Disorders Anaphylaxis
November 8	6:00- 7:00 pm	Ch. 42,32	Medical Emergencies, Continued Poisons, Bites, and Stings Communicable Diseases
	7:00- 9:00 pm	Ch. 33-34	Childbirth and Problems of Child Patients Relative Anatomy and Physiology and Terms Normal Deliveries Delivery Complications Pediatric Emergencies and Problems
	9:00-10:00 pm	Ch. 45	Lifting and Moving General Principles Types and Techniques Spinal Immobilization and Movement Application of Cervical Collars Use of Cot; Moving in and out of Vehicles
November 12	6:00- 6:45 pm	Ch. 45	Lifting and Moving Lecture, Continued
	6:45-10:00 pm	Ch. 45	Lifting and Moving Skills Laboratory
November 15	6:00- 8:30 pm	Ch. 37-41	Environmental Emergencies Burns Heat and Cold Exposure Drowning and Diving Injuries
	8:30-10:00 pm	Review Related Reading	Skills Practice Session Emergency Childbirth General Skills Review
November 19	6:00-10:00 pm		Skills Practice Session Practice All Skills
November 26	6:00-10:00 pm	Review Related Reading	THIRD INTERIM EXAMINATION Written: (Medical Emergencies, Childbirth, Lifting and Moving (Chapters 24; 27-42; 45) Skills: All Skills
November 29	6:00-10:00 pm	Ch. 45	Extrication from Vehicles Lecture
December 3	6:00-10:00 pm	Review all Reading	Extrication from Vehicles with Demonstration and Situational Practice
December 6	6:00- 9:00 pm	Ch. 43,46 47	Ambulance Operations Emergency Driving Vehicle Care Records and Reports
	9:00-10:00 pm	Ch. 44	Responding to an Ambulance Call
December 8 Saturday	9:00- 1:00 pm	Review all Reading	Extrication from Vehicles with Demonstration and Situational Practice
December 10	6:00- 8:30 pm	Ch. 44	Responding to an Ambulance Call, Continued Patient Exam and Triage
	8:30-10:00 pm		Patient Assessment Lecture/Skills Practic
December 13	6:00-10:00 pm	Review all Reading	Skills Practice Session Patient Assessment and Situational Review
December 17	6:00- 7:00 pm	Review all Reading	Skills Practice Session
	7:00-10:00 pm		WRITTEN COURSE FINAL EXAMINATION (also begin skills testing)
December 20	6:00-10:00 pm		Skills Final Examination (Continued)
January 17	6:00-10:00 pm		TEXAS DEPARTMENT OF HEALTH CERTIFYING EXAM

LUBBOCK
EMT-SPECIAL SKILLS CLASS
Fall, 1984

DATE	TIME	READING ASSIGNMENT	TOPIC
August 27	6:00- 6:30	Chapter 1	Orientation to the Training Program
	6:30- 7:00		Role of EMT-Special Skills and Paramedic Personnel
	7:00- 7:30		Laws Governing EMS Personnel
	7:30- 9:00		Issues Concerning the Health Professional
	9:00-10:00	Chapter 2	Overview of Anatomy and Physiology
August 29	6:00- 6:30	Chapter 2	Overview of Anatomy & Physiology, Continued
	6:30- 8:30		Medical Terminology
	8:30- 9:30		Patient Assessment: Primary and Secondary Survey
	9:30-10:00		Patient Assessment: History Taking
September 5	6:00- 6:30	Chapter 2	Patient Assessment: History Taking
	6:30- 7:30		Patient Assessment: Vital Signs Evaluation
	7:30- 9:00		Head to Toe Medical/Trauma Examination
	9:00-10:00		Transmission of Patient Information to Hospital
September 10	6:00- 8:00	Chapter 2	Patient Assessment: Case Situations
	8:00-10:00	Chapter 3	Fluids and Electrolytes
September 12	6:00- 7:00	Chapters 1,2	EXAMINATION: All Topics Studied to Date
	7:00- 7:30	Chapter 3	Blood and its Components
	7:30- 8:00		Disorders of Hydration
	8:00-10:00		Types of Shock
September 17	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
September 19	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
September 24	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
September 26	6:00- 7:00	Chapter 3	EXAMINATION: Shock and Fluid Therapy
	7:00- 9:00		Techniques of Management: Shock and Fluid Therapy
	9:00-10:00	Chapter 5	Anatomy and Physiology of Respiratory System
October 1	6:00- 6:30	Chapter 5	Anatomy and Physiology of Respiratory System
	6:30- 7:30		Respiratory Depression
	7:30- 8:30		Upper Airway Obstruction: Asthma and COPD
	8:30- 9:00		Respiratory System: Hyperventilation Syndrome
	9:00-10:00		Respiratory System: Pulmonary Edema
October 3	6:00- 6:30	Chapter 5	Respiratory System: Near Drowning
	6:30- 7:30		Respiratory System: Pulmonary Embolism
	7:30- 8:00		Respiratory System: Toxic Inhalants
	8:00- 9:00		Respiratory System: Thoracic Trauma
	9:00-10:00		Respiratory System: Techniques of Management
October 8	6:00- 9:00		Respiratory System: Patient Assessment
	9:00-10:00	Chapter 5	Respiratory System: Techniques of Managemet
October 10	6:00-10:00	Chapter 5	Respiratory System: Techniques of Managemet
October 15	6:00-10:00	Chapter 5	Respiratory System: Techniques of Management
October 17	6:00-10:00	Chapter 5	Respiratory System: Techniques of Management
October 22	6:00- 8:00	Chapter 5	EXAMINATION: Respiratory System
	8:00- 9:00	Chapter 7	Central Nervous System: Anatomy and Physiology
	9:00- 9:30		Central Nervous System: Coma
	9:30-10:00		Central Nervous System: Stroke
October 24	6:00- 7:00	Chapter 7	Central Nervous System: Head Injury
	7:00- 7:30		Central Nervous System: Seizures
	7:30- 8:00		Central Nervous System: Spinal Injury
	8:00- 9:00		Central Nervous System: Patient Assessment
	9:00-10:00		Techniques of Management: Central Nervous System

BEST COPY AVAILABLE

October 29	6:00- 6:30	Chapter 8	Soft Tissue Injuries: Anatomy of the Skin
	6:30- 7:30		Soft Tissue Injuries: Pathophysiology and Mgt.
	7:30- 9:00		Injuries to Eye, Face, Throat
	9:00-10:00		Soft Tissue Injuries to the Abdomen
October 31	6:00- 7:00	Chapter 9	Musculoskeletal Injuries: Anatomy and Physiology
	7:00- 8:00		Pathophysiology & Management: Fractures/Dislocations
	8:00- 9:00		Pathophysiology & Management: Sprains & Strains
	9:00-10:00		Musculoskeletal Injuries: Techniques of Management
November 5	6:00- 6:30	Chapter 9	Musculoskeletal Injuries: Techniques of Management
	6:30- 8:30	Chapter 7	Techniques of Management: Central Nervous System
	8:30-10:00	Chapter 8	Soft Tissue Injuries: Techniques of Management
November 7	6:00- 6:30	Chapter 8	Soft Tissue Injuries: Techniques of Management
	6:30- 7:30	Chapter 7	Central Nervous System: Patient Assessment
	7:30- 8:00	Chapter 8	Soft Tissue Injuries: Patient Assessment
	8:00- 8:30	Chapter 9	Musculoskeletal Injuries: Patient Assessment
	8:30-10:00	PHTLS COURSE	Baseline Determinations
November 12	6:00- 6:30	PHTLS COURSE	Course Purpose
	6:30- 7:30	PHTLS COURSE	Kinematics of Trauma
	7:30- 8:30	PHTLS COURSE	Initial Assessment
	8:30- 8:00	PHTLS COURSE	Upper Airway Management
	9:00- 9:30	PHTLS COURSE	Thoracic Trauma
	7:00- 7:40	PHTLS COURSE	Shock & Fluid Resuscitation
	7:40- 8:00	PHTLS COURSE	Abdominal Trauma
	8:00-10:00	PHTLS COURSE	Skill Stations: Assessment Airway Management Shock and Fluid Resuscitation
November 14	6:00- 6:20	PHTLS COURSE	Head Trauma
	6:20- 7:00	PHTLS COURSE	Spinal Trauma
	7:00- 7:20	PHTLS COURSE	Extremity Trauma
	7:20- 8:00	PHTLS COURSE	Burns
	8:00- 8:30	PHTLS COURSE	Considerations in Prehospital Trauma Management
	8:30-10:00	PHTLS COURSE	Skill Stations: Long Boards & Equivalent Short Boards & Equivalent Extremity Immobilization
November 19	6:00- 9:00	PHTLS COURSE	ATLS Final Written & Practical Assessments
	9:00-10:00	EMT-SS Course Review	Patient Assessment Techniques Review of Shock Management, Management of Respiratory Emergencies Legal Responsibilities
November 26	6:00-10:00	Chapter 7-9	EXAMINATION: Written Test on Chapters 7-9 FINAL EXAMINATION: All Skills
November 28	6:00-10:00		FINAL EXAMINATION: All Skills, Continued
December 3	6:00- 8:00		WRITTEN FINAL COURSE EXAMINATION
	8:00-10:00		FINAL EXAMINATION: All Skills, Continued
January 28	6:00-10:00		TEXAS DEPARTMENT OF HEALTH CERTIFICATON EXAM

BEST COPY AVAILABLE

EMT-PARAMEDIC CLASS
COURSE SCHEDULE
1984

DATE	TIME	READING ASSIGNMENT	TOPIC
January 31	6:00- 6:30	Chapter 1	Orientation to the Training Program
	6:30- 7:00		Role of EMT-Special Skills and Paramedic Personnel
	7:00- 7:30		Laws Governing EMS Personnel
	7:30- 9:00		Issues Concerning the Health Professional
	9:00-10:00	Chapter 2	Overview of Anatomy and Physiology
February 2	6:00- 6:30	Chapter 2	Overview of Anatomy & Physiology, Continued
	6:30- 8:30		Medical Terminology
	8:30- 9:00		Patient Assessment: Primary and Secondary Survey
	9:00-10:00		Patient Assessment: History Taking
February 7	6:00- 6:30	Chapter 2	Patient Assessment: Vital Signs Evaluation
	6:30- 7:30		Head to Toe Medical/Trauma Examination
	7:30- 8:00		Transmission of Patient Information to Hospital
	8:00-10:00		Patient Assessment: Case Situations
February 9	6:00- 7:30	Chapters 1, 2	EXAMINATION: All Topics Studied to Date
	7:30- 9:00	Chapter 3	Fluids and Electrolytes
	9:00- 9:30		Blood and its Components
	9:30-10:00		Techniques of Management: Shock and Fluid Therapy
February 14	6:00- 6:30	Chapter 3	Disorders of Hydration
	6:30- 8:30		Types of Shock
	8:30-10:00		Techniques of Management: Shock and Fluid Therapy
February 16	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
February 21	6:00- 7:00	Chapter 5	Anatomy and Physiology of Respiratory System
	7:00- 9:30		Respiratory System: Patient Assessment
	9:30-10:00		Respiratory Depression
February 23	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
February 28	6:00- 7:00	Chapter 5	Upper Airway Obstruction: Asthma and COPD
	7:00- 7:30		Respiratory System: Hyperventilation Syndrome
	7:30- 8:30		Respiratory System: Pulmonary Edema
	8:30- 9:00		Respiratory System: Near Drowning
	9:00-10:00		Respiratory System: Pulmonary Embolism
March 1	6:00-10:00	Chapter 3	Techniques of Management: Shock and Fluid Therapy
March 6	6:00- 7:00	Chapter 3	EXAMINATION: Shock and Fluid Therapy
	7:00- 7:30	Chapter 5	Respiratory System: Toxic Inhalants
	7:30- 8:30		Respiratory System: Thoracic Trauma
	8:30-10:00		Respiratory System: Techniques of Management
March 8	6:00-10:00	Chapter 5	Respiratory System: Techniques of Managemet
	SPRING BREAK	NO CLASSES MARCH 13 and 15	
March 20	6:00- 6:30	Chapter 8	Soft Tissue Injuries: Anatomy of the Skin
	6:30- 7:00		Soft Tissue Injuries: Patient Assessment
	7:00- 8:30		Soft Tissue Injuries: Pathophysiology and Mgt.
	8:30-10:00		Soft Tissue Injuries to Eye, Face, and Throat
March 22	6:00-10:00	Chapter 5	Respiratory System: Techniques of Management
March 27	6:00- 7:00	Chapter 8	Soft Tissue Injuries to the Abdomen
	7:00- 7:30	Chapter 9	Musculoskeletal Injuries: Anatomy and Physiology
	7:30- 8:00		Musculoskeletal Injuries: Patient Assessment
	8:00- 9:00		Pathophysiology & Management: Fractures/Dislocations
	9:00-10:00		Pathophysiology & Management: Sprains & Strains
March 29	6:00- 7:30	Chapter 5	Respiratory System: Techniques of Management
	7:30- 9:30	Chapter 8	Soft Tissue Injuries: Techniques of Management
	9:30-10:00	Chapter 9	Musculoskeletal Injuries: Techniques of Management
April 3	6:00- 8:00	Chapter 5	EXAMINATION: Respiratory System
	8:00- 9:30	Chapter 9	Musculoskeletal Injuries: Techniques of Management
	9:30-10:00	Chapter 13	Emotional Aspects of Injury and Illness

BEST COPY AVAILABLE

April 5	6:00- 6:30	Chapter 13	Emotional Aspects of Injury and Illness
	6:30- 7:00		Assessment of Emotionally Disturbed Patients
	7:00- 8:30		Psychiatric Emergencies, Contnued
	8:30-10:00		Psychiatric Emergencies: Techniques of Management
April 10	6:00- 9:00	Chapters 8, 9, and 13	EXAMINATION: Soft Tissue and Musculoskeletal Injuries, Psychiatric Emergencies
	9:00-10:00	Chapter 4	Pharmacology: Sources and Actions of Drugs
April 12	6:00- 7:00	Chapter 4	Pharmacology: Sources and Actions of Drugs
	7:00- 8:00		Pharmacology: Weights and Measures
	8:00-10:00		Pharmacology: Administration of Medications
April 17	6:00- 7:00	Chapter 4	Pharmacology: Weights and Measures, Continued
	7:00- 8:00		Pharmacology: Administration of Medications
	8:00-10:00		Pharmacology: Techniques of Administration
April 19	6:00- 6:30	Chapter 4	Pharmacology: Weights and Measures, Continued
	6:30- 8:30		Pharmacology: Techniques of Administration
	8:30-10:00	Chapter 10	Techniques of Management: Nasogastric Tube Insertion; Urinary Catheterization
April 24	6:00- 8:00	Chapter 15	Rescue Techniques: Mass Casualty Situations
	8:00-10:00	Chapter 14	Telemetry & Communications: Dispatching
April 26	6:00- 8:00	Chapter 14	Protocols for Relaying Patient Information
	8:00-10:00		Use of Radio Equipment, Practice, and Evaluation
May 1	6:00- 7:00	Chapter 4	EXAMINATION: Pharmacology
	7:00-10:00		EXAMINATION: All Basic and Advanced Skills
May 3	6:00- 8:00		MID-TERM EXAMINATION: All Previous Material
	8:00-10:00		EXAMINATION: All Skills, Continued
May 8	6:00-10:00		EXAMINATION: All Skills, Continued
May 10	6:00- 9:00	Chapter 6	Cardiovascular System: Anatomy and Physiology
	9:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
May 15	6:00- 8:00	Chapter 6	Cardiovascular System: Patient Assessment
	8:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
May 17	NO CLASS: WORK ON ARRHYTHMIA TEXTBOOK AND CLINICAL ROTATIONS		
May 22	6:00- 7:00	Chapter 6	Cardiovascular System: Coronary Artery Disease
	7:00- 8:00		Cardiovascular System: Congestive Heart Failure
	8:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
May 24	NO CLASS: WORK ON ARRHYTHMIA TEXTBOOK AND CLINICAL ROTATIONS		
May 29	6:00- 6:30	Chapter 6	Cardiovascular System: Angina Pectoris
	6:30- 8:00		Cardiovascular System: Acute Myocardial Infarction
	8:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
May 31	NO CLASS: WORK ON ARRHYTHMIA TEXTBOOK AND CLINICAL ROTATIONS		
June 5	6:00- 6:30	Chapter 6	Cardiovascular System: Hypertension
	6:30- 7:30		Cardiovascular System: Cardiac Monitoring
	7:30- 8:00		Cardiovascular System: Rotating Tourniquets
	8:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
June 7	NO CLASS: WORK ON ARRHYTHMIA TEXTBOOK AND CLINICAL ROTATIONS		
June 12	6:00- 7:00	Chapter 6	Cardiogenic Shock and Syncope
	7:00- 8:00		Cardiovascular System: Cardiac Monitoring, Cont.
	8:00- 9:00		Cardiovascular System: Carotid Sinus Massage
	9:00-10:00	EKG Text	Cardiovascular System: Arrhythmia Recognition
June 14	NO CLASS: WORK ON ARRHYTHMIA TEXTBOOK AND CLINICAL ROTATIONS		
June 19	6:00- 7:00	Chapter 6	Defibrillation and Cardioversion
	7:00- 7:30		Cardiovascular System: Myocardial Trauma
	7:30- 8:30		Cardiovascular System: Emergency Cardiac Drugs
	8:30-10:00		Cardiovascular System: Techniques of Management
June 21	6:00-10:00	ACLS TEXT	Advanced Cardiac Life Support Lectures
June 26	6:00-10:00		Cardiovascular System: Techniques of Management
June 28	6:00-10:00	ACLS TEXT	Advanced Cardiac Life Support Lectures
	SUMMER VACATION	NO CLASSES JULY 3, 5, 10, 12, and 17	

BEST COPY AVAILABLE

July 19	6:00- 8:00	ACLS TEXT	Advanced Cardiac Life Support Lectures
	8:00-10:00	Chapter 6	Cardiovascular System: Techniques of Management
July 24	6:00- 8:00		EXAMINATION: Cardiovascular System & Arrhythmias
	8:00-10:00	Chapter 6	Cardiovascular System: Techniques of Management
July 26	6:00-10:00	ACLS Text	EXAMINATION: Advanced Cardiac Life Support Skills
July 31	6:00- 8:00	Chapter 6	EXAMINATION: ACLS Text and Protocols
	8:00-10:00	ACLS Text	EXAMINATION: Advanced Cardiac Life Support Skills
August 2	6:00- 7:00	Chapter 7	Central Nervous System: Anatomy and Physiology
	7:00- 9:00		Central Nervous System: Patient Assessment
	9:00- 9:30		Central Nervous System: Coma
	9:30-10:00		Central Nervous System: Stroke
August 7	6:00- 7:00	Chapter 7	Central Nervous System: Head Injury
	7:00- 7:30		Central Nervous System: Seizures
	7:30- 8:00		Central Nervous System: Spinal Injury
	8:00-10:00		Central Nervous System: Techniques of Management
August 9	6:00- 7:00	Chapter 7	Central Nervous System: Techniques of Management
	7:00- 8:30	Chapter 10	Medical Emergencies: Diabetic Problems
	8:30-10:00		Medical Emergencies: Alcoholism and Drug Abuse
August 14	6:00- 7:00	Chapter 7	EXAMINATION: Central Nervous System
	7:00- 8:00	Chapter 10	Medical Emergencies: Anaphylactic Reactions
	8:00- 9:00		Medical Emergencies: Heat and Cold Exposure
	9:00-10:00		Medical Emergencies: Genito-urinary Problems
August 16	6:00- 7:00	Chapter 10	Medical Emergencies: The Geriatric Patient
	7:00- 9:00		Medical Emergencies: Poisoning and Overdose
	9:00-10:00		Medical Emergencies: Acute Abdomen
August 21	6:00- 6:30	Chapter 10	Medical Emergencies: Acute Abdomen
	6:30- 7:00	Chapter 11	Obstetrics/Gynecology: Anatomy and Physiology
	7:00- 8:00		Obstetrics/Gynecology: Patient Assessment
	8:00- 9:00		Obstetrics/Gynecology: Gynecologic Emergencies
	9:00- 9:30		Obstetrics/Gynecology: Antepartum Emergencies
	9:30-10:00		Obstetrics/Gynecology: The Normal Delivery
August 23	6:00- 7:00	Chapter 10	EXAMINATION: Medical Emergencies
	7:00- 7:30	Chapter 11	Obstetrics/Gynecology: The Normal Delivery
	7:30- 8:00		Obstetrics/Gynecology: Postpartum Complications
	8:00- 8:30		Abnormal Deliveries: Prolapsed Cord
	8:30- 9:00		Abnormal Deliveries: Limb & Breech Presentations
	9:00- 9:30		Abnormal Deliveries: Premature Births
	9:30-10:00		Abnormal Deliveries: Multiple Births
August 28	6:00- 6:30	Chapter 11	Obstetrics/Gynecology: APGAR scoring
	6:30- 9:00		Obstetrics/Gynecology: Techniques of Management
	9:00-10:00	Chapter 12	Pediatrics: Approach to the Pediatric Patient
August 30	6:00- 6:30	Chapter 12	Pediatrics: Asthma and Bronchiolitis
	6:30- 7:00		Pediatrics: Croup and Epiglottitis
	7:00- 7:30		Pediatrics: Seizures; Child Abuse
	7:30- 8:00		Pediatrics: Sudden Infant Death Syndrome
	8:00- 9:30		Pediatrics: Neonatal Transport
	9:30-10:00		Pediatrics: Techniques of Management
September 4	6:00- 7:30	Chapter 12	Pediatrics: Techniques of Management
	7:30-10:00		EXAMINATION: ADVANCED LIFE SUPPORT SKILLS
September 6	6:00- 8:00	Chapter 11-12	EXAMINATION: Obstetrics/Gynecology and Pediatrics
	8:00-10:00		EXAMINATION: ADVANCED SKILLS, CONTINUED
September 11	6:00- 8:00		COMPREHENSIVE WRITTEN FINAL EXAMINATION
	8:00-10:00		EXAMINATION: ADVANCED SKILLS, CONTINUED
September 13	NO CLASS: ADDITIONAL SKILLS TESTING WILL BE SCHEDULED IF NEEDED		
September 18	6:00- 8:00		COMPREHENSIVE ASSESSMENT/PATIENT CARE EXAMINATION
	8:00-10:00		EXAMINATION: ADVANCED SKILLS, CONTINUED
September 20	NO CLASS: ADDITIONAL SKILLS TESTING WILL BE SCHEDULED IF NEEDED		
September 25	6:00-10:00	All Chapters	TEXAS DEPARTMENT OF HEALTH CERTIFICATION EXAMINATION

BEST COPY AVAILABLE

FALL 1983

PARAMEDIC TECHNOLOGY III
SYLLABUS

DATE	READING ASSIGNMENT	SUBJECT
August 29	Caroline: Chapter 5, especially pp. 180-190. Reread.	Course Introductions; Intubation; Dr. Porter videotape; mannikin practice
August 31	Caroline: Chapter 4, pp. 97-106	Module IV: Pharmacology Drug Information Routes of Administration Rates of Absorption Drugs affecting the Autonomic Nervous System
September 5	LABOR DAY HOLIDAY	
Sept. 7	Caroline: Chapter 4, pp. 107-	Pharmacology Receptor Site Theory Alpha and Beta Adrenergic Drugs Alpha and Beta Antagonist
Sept. 12	Caroline: pp. 84, 114-120	IV Drip Rates; Dosage and Solution Review
Sept. 14	Caroline: pp. 120-123	Pharmacology Techniques of Drug Administration Vials, Ampules, Prefilled Syringes Admixtures Subcutaneous and Intramuscular Injection
Sept. 19	Caroline: pp. 123-128	Pharmacology: Emergency Drugs
Sept. 21	Caroline: pp. 128-131	Pharmacology: Emergency Drugs
Sept. 26	Review Caroline, Chapt. 4	Examination: Pharmacology
Sept. 28	Caroline: Chapter 6, pp. 198-	Module VI: Cardiology Heart Anatomy and Physiology
October 3	Caroline: pp. 202-212	Cardiology Electrical Conduction System Patient Assessment Pathophysiology and Management Angina, Acute MI

PARAMEDIC TECHNOLOGY III
SYLLABUS

DATE	READING ASSIGNMENT	SUBJECT
Oct. 5	Caroline: pp. 212-218	Cardiology Congestive Heart Failure Cardiogenic Shock Syncope Myocardial Trauma Hypertensive Crisis
Oct. 10	Caroline: pp. 248-265; Handout	Basic Life Support
Oct. 12	Caroline: pp. 266-272	Advanced Life Support
Oct. 17	Walraven: pp. 1-18	Electrophysiology
Oct. 19	Walraven: pp. 19-76	Waves and Measurements Analyzing EKG Rhythm Strips
Oct. 24	Walraven: pp. 77-100	Sinus Rhythms
Oct. 26	Walraven: pp. 101-134	Sinus Rhythms Test Atrial Rhythms
Oct. 31	Walraven: pp. 135-166	Atrial Rhythms Test Junctional Rhythms
November 2		Junctional Rhythms Test Supraventricular Rhythms Review
Nov. 7	Walraven: pp. 167-204	Supraventricular Rhythms Test Heart Blocks
Nov. 9	Walraven: pp. 205-254	Heart Blocks Test Ventricular Rhythms
Nov. 14		Ventricular Rhythms Test Arrhythmia Review
Nov. 16		Cardiovascular Final Exam

PARAMEDIC TECHNOLOGY III
SYLLABUS

DATE	READING ASSIGNMENT	SUBJECT
Nov. 21	Caroline: Chapter 12, pp. 391-395	Module XII: Pediatrics Approach to the Pediatric Patient
Nov. 23	Caroline; pp. 395-399	Pediatrics Trauma in the Child Asthma Bronchiolitis
Nov. 28	Caroline: pp. 399-401	Pediatrics Croup Epiglottitis Seizures Fever
Nov. 30	Caroline: pp. 400; 402-405	Sudden Infant Death Syndrome Child Abuse Infant and Child Basic Life Support
December 5	Caroline: pp. 405-410	Pediatric Advanced Life Support
Dec. 7	Caroline: pp. 410-411	Neonatal Transport; Pediatrics Exam
Dec. 12		Basic and Advanced Skills Exam
Dec. 14		Course Final Exam

PARAMEDIC TECHNOLOGY

PMT I- SYLLABUS

FALL 1984

DATE	READING ASSIGNMENT	LECTURE/DISCUSSION
AUGUST 27	CHAPTER 1	I. EMT ROLES, RESPONSIBILITIES AND EQUIPMENT A. Roles and Responsibilities B. Medico-Legal Problems C. Attitudes and Conduct
29	CHAPTERS 2,3,4	II. HUMAN BODY AND PATIENT ASSESSMENT A. Overview of Anatomy and Physiology B. Patient Assessment C. Vital Signs and Vital Skills
SEPTEMBER 5	CHAPTER 5	III. HEART, CARDIOVASCULAR DISEASES AND CPR A. Airway & Pulmonary Resuscitation (Adult and Infant) B. The Laryngectomy D. CAD, Angina and AMI e. CPR F. Skills
10		----Skills Continued
12	CHAPTER 6	IV. MECHANICAL AIDS AND OXYGEN THERAPY A. Oropharyngeal Airways and S-Tubes B. Suction C. Ventilation Assist Devices D. Oxygen E. Skills
17	CHAPTER 7	V. BLEEDING & SHOCK A. Systemic-Circulatory System B. Internal And External Bleeding C. Types, Signs and Treatment of Shock
17 - 21		INTERIM EXAM #1 - (In Testing Center-RDV)
19		----SKILLS
24		AHA-CPR Test, CPR Certification, EXAM REVIEW Skills
26	CHAPTER 8	VI. SOFT TISSUE A. Types of Wounds B. Dressing and Bandaging C. Skills

PMT I - SYLLABUS

DATE	READING ASSIGMENT		LECTURE/DISCUSSION
OCTOBER 1	CHAPTER 9	VII.	EXTREMITIES A. Overview of Musculoskeletal System B. Fractures & Dislocations of Upper and Lower Extremities C. Signs and Symptoms D. Emergency Care Techniques E. Skills
3			TRACTION AND SPLINTING BANDAGING AND SPLINTING SKILLS
8			BANDAGING AND SPLINTING CONTINUED
10	CHAPTER 10	VIII.	INJURIES TO THE HEAD, EYE, FACE, NECK AND SPINE A. Overview of Anatomy and Physiology of the Nervous System B. Signs and Symptoms C. Emergency Care Techniques (Long and Short Backboards -Extrication Collar) D. Unconscious Patient
15			
17	CHAPTERS 8,10	IX.	INJURIES TO THE CHEST, PELVIS AND GENITALIA A. Relative Anatomy and Types of Injuries B. Signs and Symptoms C. Emergency Care D. Skills and Practice
17-22			EXAM # 2- (In testing Center-RDV)
22			----SKILLS PRACTICE
24			Exam Review
24	CHAPTER 11, SECTION 1	X.	MEDICAL EMERGENCIES I A. CHF and Stroke B. COPD C. Dyspnea and Hyperventilation D. Asthma, Emphysema
29	CHAPTER 11, SECTION II	XI.	MEDICAL EMERGENCIES II A. Diabetes Mellitus B. Epilepsy and Convulsions C. Acute Abdominal Disease D. Communicable Disease E. Skills Practice

PARAMEDIC TECHNOLOGY

PMT I-Syllabus　　Fall 1984

DATE	READING ASSIGNMENT	LECTURE/DISCUSSION
OCTOBER 31	CHAPTER 11,SECTION II	XII. MEDICAL EMERGENCIES III A. Anaphylaxis B. Poisoning C. Insect and Snake Bites D. Alcohol and Drug Abuse E. Skills Practice
NOVEMBER 5	CHAPTER 12	XIII. CHILDBIRTH AND PEDIATRICS A. Relevant Anatomy, Physiology and Terms B. Normal Delivery C. Complicaitons D. Pediatric Problems and Emergencies
7	CHAPTER 18	XIV. LIFTING AND MOVING A. General Principles and Body Mechanics B. Types and Techniques C. Stretcher Lifting
12	CHAPTER 13	XV. ENVIRONMENTAL EMERGENCIES A. Burns B. Exposure - Heat, Cold, Radiation, Electrical and Hazardous Materials C. Drowning and Diving Injuries
12-15		EXAM #3 (In testing center-RDV)
14		----SKILLS PRACTICE
19		EXAM REVIEW
	CHAPTERS 16,17	XVI. EXTRICATION A. Gaining Access to Patients B. Disenglement C. Skills Practice D. Triage
21		SKILLS PRACTICE
22	THANKSGIVING HOLIDAY	
26	CHAPTERS 19,20	XVII. PATIENT TRANSPORT A. Communication and Reports B. Ambulance and It's Equipment
28	CHAPTERS 14,15	XVIII. MANAGEMENT OF SPECIAL PATIENTS A. Behavioral Problems B. Skills Practice

PARAMEDIC TECHNOLOGY

PMT I - Syllabus

Fall 1984

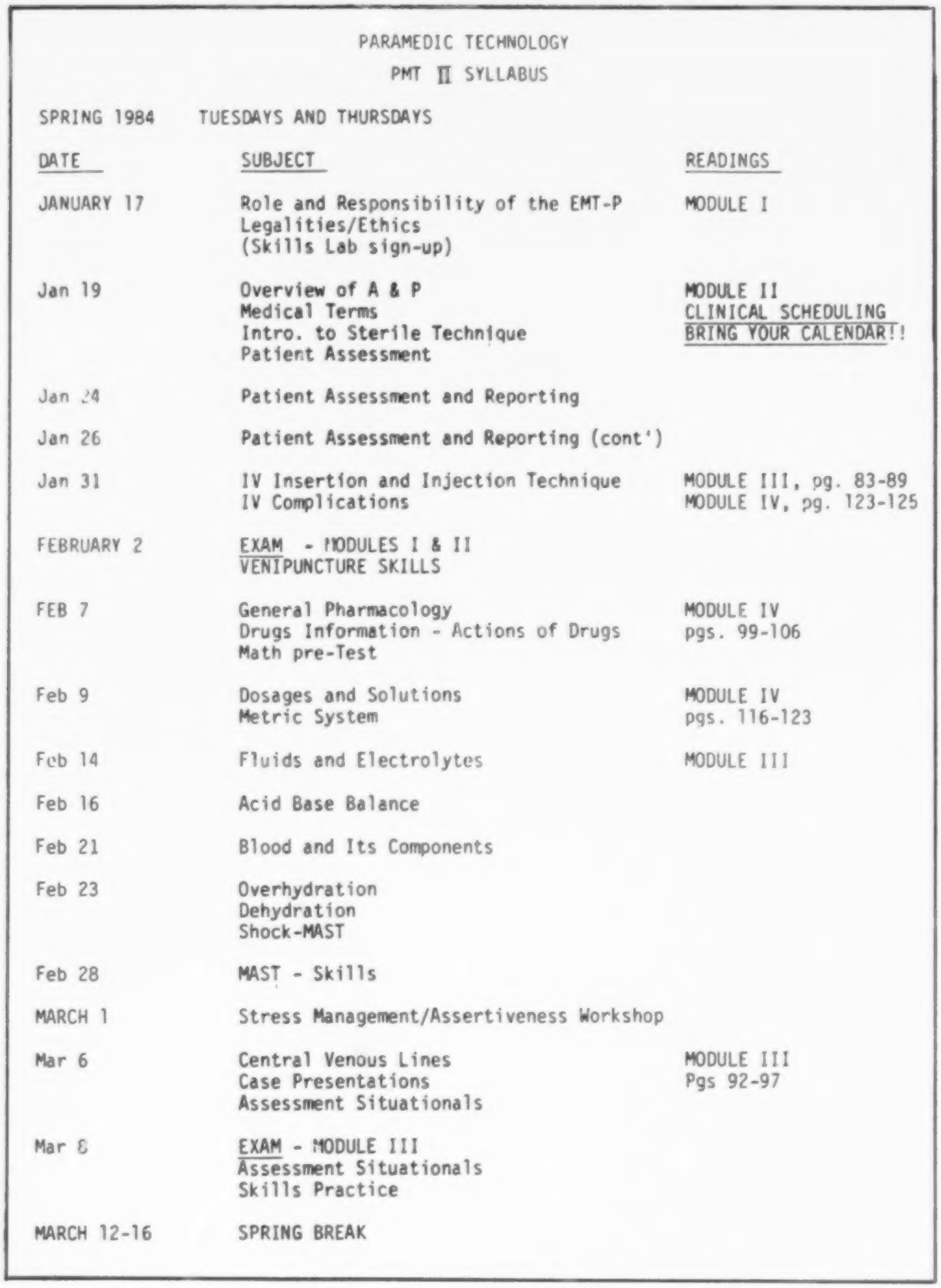
DATE	READING ASSIGMENTS	LECTURE/DISCUSSION
DECEMBER		
3		SKILLS PRACTICE
5		SKILLS PRACTICE
8	SATURDAY	EXTRICATION
10		COURSE FINAL EXAM (In Classroom)
12		STATE EXAM - 9 - 11A Written 12----- Skills
13		RETRAINING/RETESTING

Total Didactice Hours	104½
REQUIRED AMBULANCE RUNS	3
Total Clinial Hours	24

CLINICAL AREAS:

Brackenridge Hospital E.R. - 8 hours
Medical Emergency Center (NO)-8 hours
Brackenridge Hosptial O.B. - 8 hours

REV F84

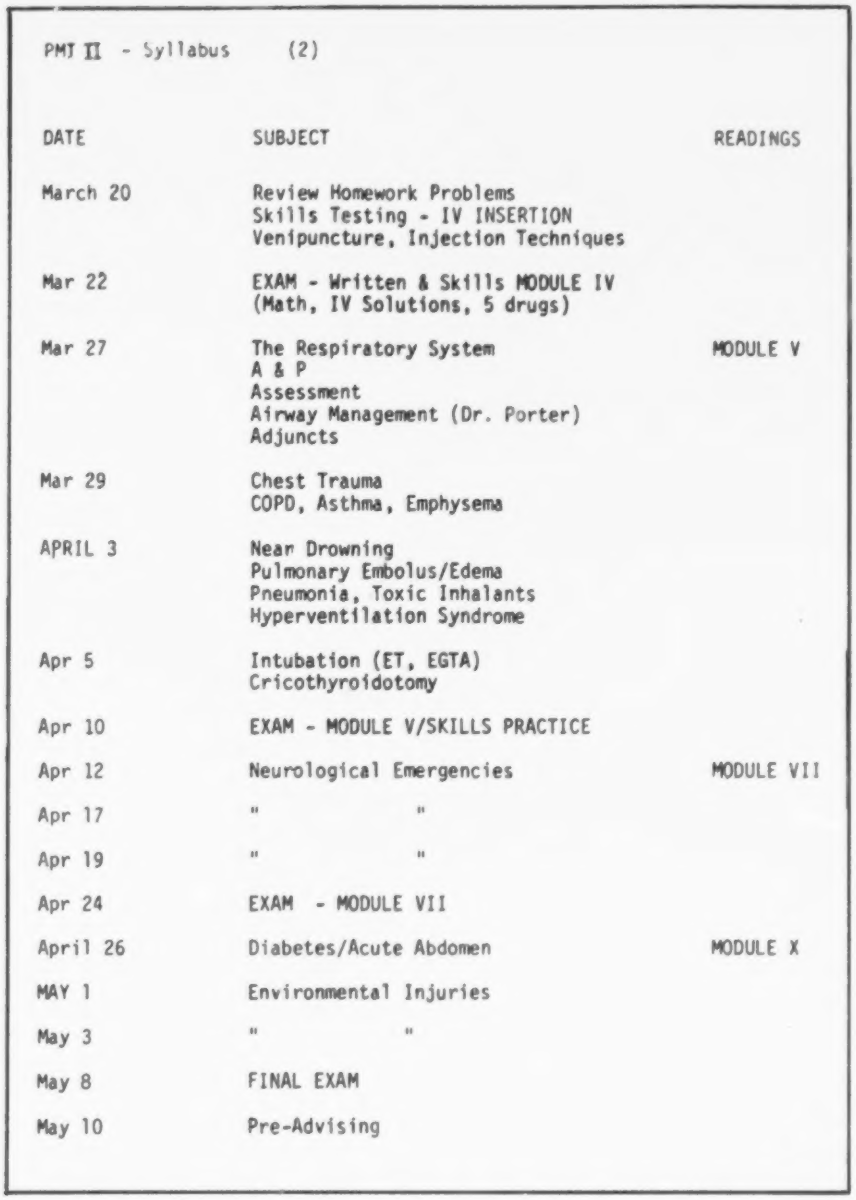


PARAMEDIC TECHNOLOGY

PMT II SYLLABUS

SPRING 1984 TUESDAYS AND THURSDAYS

DATE	SUBJECT	READINGS
JANUARY 17	Role and Responsibility of the EMT-P Legalities/Ethics (Skills Lab sign-up)	MODULE I
Jan 19	Overview of A & P Medical Terms Intro. to Sterile Technique Patient Assessment	MODULE II CLINICAL SCHEDULING BRING YOUR CALENDAR!!
Jan 24	Patient Assessment and Reporting	
Jan 26	Patient Assessment and Reporting (cont')	
Jan 31	IV Insertion and Injection Technique IV Complications	MODULE III, pg. 83-89 MODULE IV, pg. 123-125
FEBRUARY 2	EXAM - MODULES I & II VENIPUNCTURE SKILLS	
FEB 7	General Pharmacology Drugs Information - Actions of Drugs Math pre-Test	MODULE IV pgs. 99-106
Feb 9	Dosages and Solutions Metric System	MODULE IV pgs. 116-123
Feb 14	Fluids and Electrolytes	MODULE III
Feb 16	Acid Base Balance	
Feb 21	Blood and Its Components	
Feb 23	Overhydration Dehydration Shock-MAST	
Feb 28	MAST - Skills	
MARCH 1	Stress Management/Assertiveness Workshop	
Mar 6	Central Venous Lines Case Presentations Assessment Situationals	MODULE III Pgs 92-97
Mar 8	EXAM - MODULE III Assessment Situationals Skills Practice	
MARCH 12-16	SPRING BREAK	



PMT II - Syllabus (2)

DATE	SUBJECT	READINGS
March 20	Review Homework Problems Skills Testing - IV INSERTION Venipuncture, Injection Techniques	
Mar 22	EXAM - Written & Skills MODULE IV (Math, IV Solutions, 5 drugs)	
Mar 27	The Respiratory System A & P Assessment Airway Management (Dr. Porter) Adjuncts	MODULE V
Mar 29	Chest Trauma COPD, Asthma, Emphysema	
APRIL 3	Near Drowning Pulmonary Embolus/Edema Pneumonia, Toxic Inhalants Hyperventilation Syndrome	
Apr 5	Intubation (ET, EGTA) Cricothyroidotomy	
Apr 10	EXAM - MODULE V/SKILLS PRACTICE	
Apr 12	Neurological Emergencies	MODULE VII
Apr 17	" "	
Apr 19	" "	
Apr 24	EXAM - MODULE VII	
April 26	Diabetes/Acute Abdomen	MODULE X
MAY 1	Environmental Injuries	
May 3	" "	
May 8	FINAL EXAM	
May 10	Pre-Advising	

PARAMEDIC TECHNOLOGY
PMT II SYLLABUS

SPRING 1984

phone: 472-5576

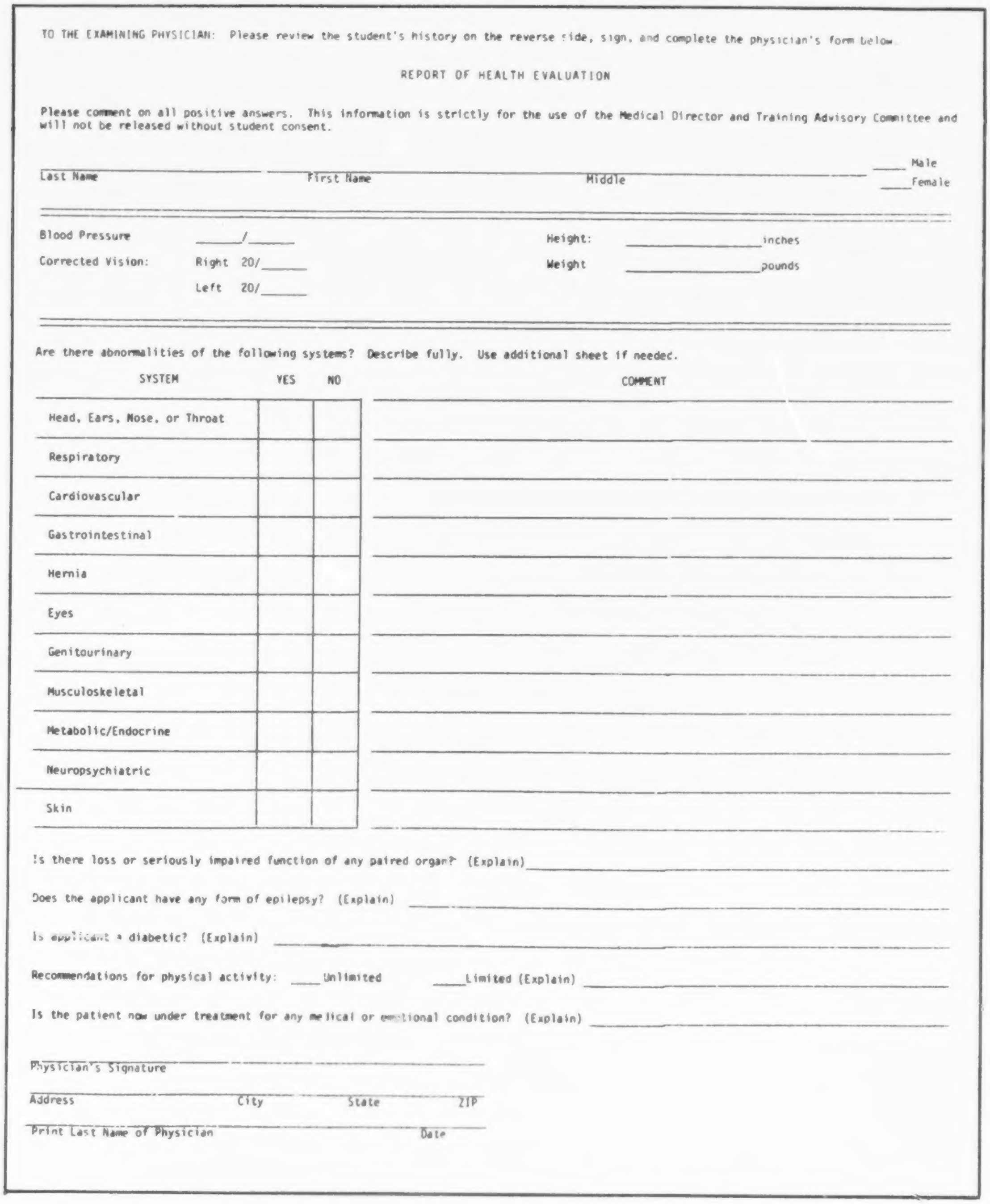
DATE	SUBJECT	READINGS
MONDAY JAN. 16	ORIENTATION OB-GYN	MODULE II
WEDNESDAY JAN. 18	OB-GYN CLINICAL SCHEDULING	BRING YOUR CALENDAR
MONDAY JAN. 23	OB-GYN	
WEDNESDAY JAN. 25	OB-GYN	
MONDAY JAN 30	EXAM RAPE CRISIS (2HRS)	
WED. FEB. 1	PSYCH: Mental Health Law Approach to the Emotionally Disturbed Crisis Intervention	MODULE 13
MONDAY FEB. 6	Crisis Intervention (cont.) Suicide/Depression Violence in the Field Psychotropic Drugs	
WEDNESDAY FEB. 8	Mental Health Assessment Orientation to Shoal Creek Psych Summary	
MONDAY FEB. 13	EXAM (PSYCH) Alcoholism Drug Abuse Overdose	MODULE 10
WEDNESDAY FEB. 15	PSYCH WORKSHOP	
MONDAY FEB. 20	EXAM (Alcoholism, Drug Abuse) (Eye, Ear, Maxillofacial) Soft Tissue Injuries	MODULE 8

PMT II - pg 2

DATE	SUBJECT	READINGS
WEDNESDAY FEB. 22	Burns Bandaging & Splinting Skills	MODULE 8
MONDAY FEB. 27	Musculoskeletal Injuries Bandaging & Splinting	MODULE 9
WEDNESDAY FEB. 29	EXAM over Mod. 8 & 9 Resume Writing & Job Interviewing	
MONDAY MAR. 5	MEDICAL EMERGENCIES Poisoning Anaphylaxis Snake Bite	
WEDNESDAY MAR. 7	EXAM - MEDICAL EMERGENCIES Skills Practice	
MAR. 12-15	SPRING BREAK	
MONDAY MAR. 19	Geriatrics/Genitourinary Problems	MODULE 10
WEDNESDAY MAR. 21	Telemetry & Communications	MODULE 14
MONDAY MAR. 26	Disaster Management	MODULE 15
WEDNESDAY MAR. 28	Recognizing & Identifying Hazardous Materials	
MONDAY APR. 2	Forensics	
WEDNESDAY APR. 4	Low Speed Driving/ Skills	
MONDAY APR.9	Low Speed Driving/Skills	
WEDNESDAY APR.11	Situational	
MONDAY APR. 16	Situational	

DATE	SUBJECT	READINGS
WEDNESDAY APR. 18	Situational	
MONDAY APR. 23	Course Review	
WEDNESDAY APR. 25	EXAM (Course Final)	
MONDAY APR. 30	Skills Practice	
WEDNESDAY MAY 2	STATE SKILLS EXAM (Basic & Advanced)	
MONDAY MAY 7	STATE WRITTEN EXAM Skills Retraining	
WEDNESDAY MAY 9	RETESTING	

Student contracts and enrollment documents



TO THE EXAMINING PHYSICIAN: Please review the student's history on the reverse side, sign, and complete the physician's form below.

REPORT OF HEALTH EVALUATION

Please comment on all positive answers. This information is strictly for the use of the Medical Director and Training Advisory Committee and will not be released without student consent.

Last Name ____ First Name ____ Middle ____ ____ Male ____ Female

Blood Pressure ____/____ Height: ____ inches

Corrected Vision: Right 20/____ Weight ____ pounds

Left 20/____

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed.

SYSTEM	YES	NO	COMMENT
Head, Ears, Nose, or Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Eyes			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

Is there loss or seriously impaired function of any paired organ? (Explain) ____

Does the applicant have any form of epilepsy? (Explain) ____

Is applicant a diabetic? (Explain) ____

Recommendations for physical activity: ____ Unlimited ____ Limited (Explain) ____

Is the patient now under treatment for any medical or emotional condition? (Explain) ____

Physician's Signature

Address City State ZIP

Print Last Name of Physician Date

BEST COPY AVAILABLE

REPORT OF MEDICAL HISTORY

Student: Please complete the front of this form BEFORE going to your physician for examination

Last Name (Print) ______ First Name ______ Middle ______ ____ Male ____ Female

Home Address (Number & Street) ______ City ______ State ______ ZIP ______ Date of Birth ______

FAMILY HISTORY: Have any of your relatives ever had any of the following:

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Heart Disease			
Epilepsy, Convulsions			

PERSONAL HISTORY: Please answer all questions. Comment on all positive answers on comment line or on additional sheet. Have you had:

	Yes	No	Comment
Scarlet Fever			
Measles			
German Measles			
Mumps			
Chicken Pox			
Eye Trouble			
Surgery: Hernia Repair			
Surgery: Other (Specify)			
Insomnia			
Frequent Anxiety			
Frequent Depression			
Worry or Nervousness			
Recurrent Headache			
Recurrent Colds			
Head Injury with Unconsciousness			
Epilepsy			
Hay Fever, Asthma			
Tuberculosis			
Allergy: Sulfonamides			
Allergy: Penicillin			
Allergy: Other (Specify)			

	Yes	No	Comment
Chronic Cough			
Palpitations (Heart)			
High or Low Blood Pressure			
Rheumatic Fever or Heart Murmur			
Disease or Injury of Joints			
"Trick" Knee, Shoulder, etc.			
Back Problems			
Tumor, Cancer, Cyst			
Jaundice			
Stomach or Intestinal Trouble			
Gallblader Trouble or Gallstones			
Recurrent Diarrnea			
Rupture, Hernia			
Recent Gain or Loss of Weight			
Dizziness, Fainting			
Weakness, Paralysis			
Albumin/Sugar in Urine			
Frequent Urination			
Diabetes			
Shortness of Breath			

	Yes	No
Has your physical activity been restricted during the past five years? (Give reasons and durations)		
Have you received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem? (Give details)		
Have you had any illness or injury or been hospitalized other than already noted? (Give details)		
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years? (Other than routine checkups?)		
Have you been rejected for or discharged from military service because of physical, emotional, or other reasons? (If so, give reasons)		

Student's Signature ______

Physician's Signature (Acknowledging Review) ______ Date ______

BEST COPY AVAILABLE

EMERGENCY MEDICAL PROGRAMS TRAINING AGREEMENT
FOR EMT, EMT-SPECIAL SKILLS AND EMT-PARAMEDIC STUDENTS

I, ______________________________, eighteen (18) years of age or older,

born on, __________________________, understand and agree as follows:

That I have read and understand the agreements between Texas Tech University Health Sciences Center Emergency Medical Training Program and the Lubbock County Hospital District concerning the training for certification purposes of Emergency Medical Technicians, EMT's with Special Skills and EMT Paramedics. I am a student in Texas Tech University Health Sciences Center Emergency Medical Training Program and desire to complete my certification and receive clinical training with Lubbock County Hospital District. I understand that engaging in emergency medical training and emergency ambulance runs involves certain risks for which the Lubbock County Hospital District and Texas Tech University Health Sciences Center have no responsibility. I also understand that the clinical training shall be at no cost or expense to me and without any benefits, compensation or pay for me. I will not be considered an employee of the Lubbock County Hospital District or Texas Tech University Health Sciences Center Emergency Medical Training Program for any purposes. I agree to abide by all the terms and conditions of the Agreement between Texas Tech University Health Sciences Center Emergency Medical Training Program and the Lubbock County Hospital District and to abide by all the rules and regulations promulgated by the Texas Tech University Health Sciences Center Emergency Medical Training Program and the Lubbock County Hospital District. I understand that if I violate any terms and conditions of this agreement or any of the rules and regulations promulgated by Texas Tech University Health Sciences Center Emergency Medical Training Program or Lubbock County Hospital District or generally fail to follow instructions of any EMS personnel during clinical training with Lubbock County EMS, I can be dismissed from the EMS training portion of this program without recourse against the Lubbock County Hospital District or Texas Tech University Health Sciences Center. I understand that if there is any conflict in instruction to me during my training from different EMS personnel, I am to follow the instructions of my assigned supervisor and am ultimately responsible to my supervisor.

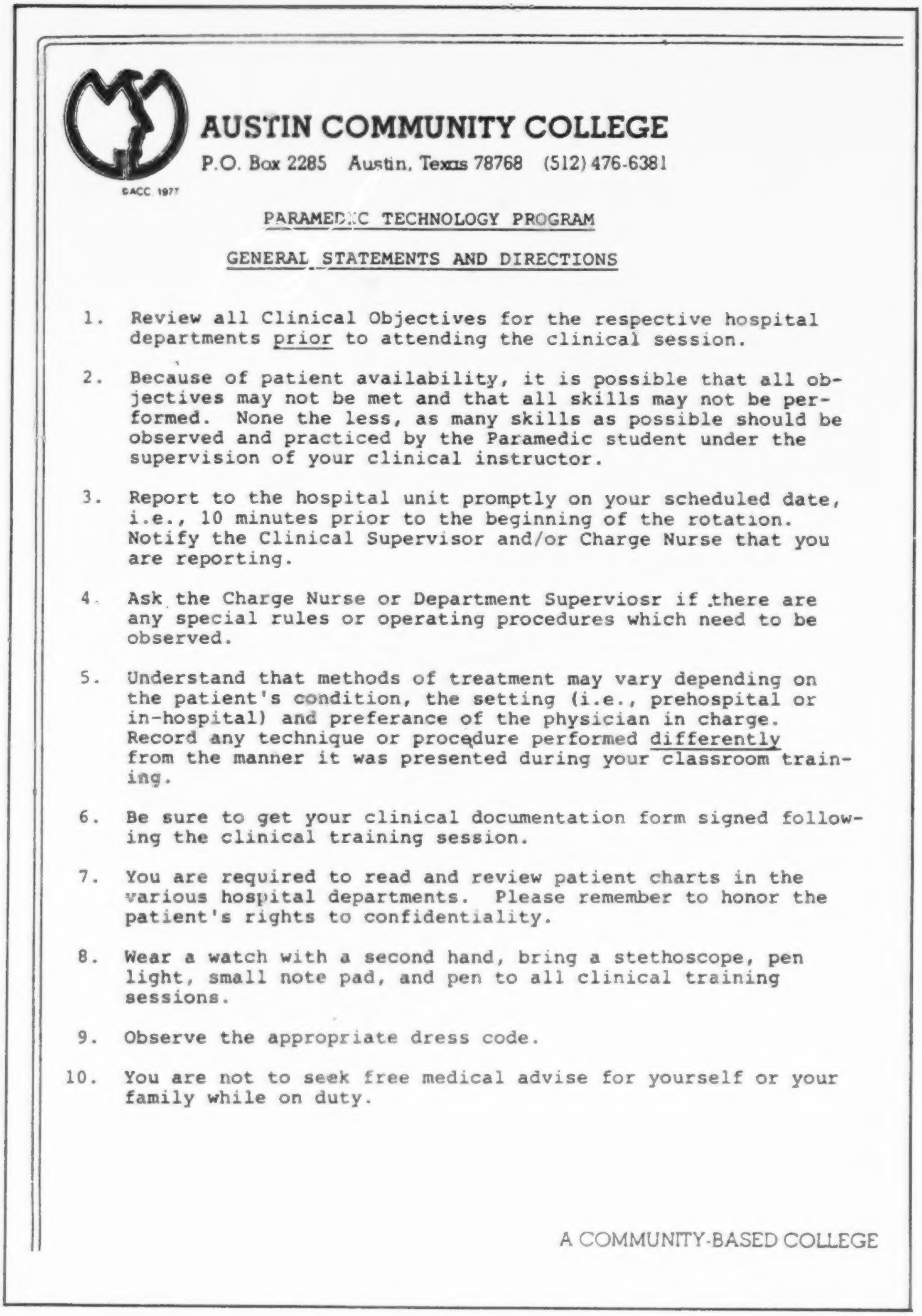
Realizing the danger involved in emergency medical training and emergency ambulance runs, I, for myself, my heirs, executors and administrators agree to indemnify, release, forgive, and hold harmless Texas Tech University Health Sciences Center and the Lubbock County Hospital District from any and all claims, demands or liabilities of whatever kind or nature that arise, might or could arise, by virtue of my death, injury to me or damage to my property or property of any other person or entity as a result, direct or indirect, from my participation with Texas Tech University Health Sciences Center Emergency Medical Training Program and the Lubbock County Hospital District, whether it is in or on any premises occupied or controlled by Texas Tech University Health Sciences Center or the Lubbock County Hospital District or while traveling in a motor vehicle operated by the Lubbock Hospital District or Texas Tech University Health Sciences Center, or in any manner while participating as a part of my capacity as a student. This agreement shall be binding even if Texas Tech University Health Sciences Center or any of its employees or Lubbock County District or any of its employees should be negligent in any occurrence which results in my death of any injury or damage described above. I further agree and understand that I shall not, under any circumstances, drive the emergency vehicle, nor shall I control, direct or attempt to control or direct any part of the District's operations.

WITNESS: SIGNED: ______________________________

____

DATED: ______________________________

BEST COPY AVAILABLE



AUSTIN COMMUNITY COLLEGE
P.O. Box 2285 Austin, Texas 78768 (512) 476-6381
©ACC 1977

PARAMEDIC TECHNOLOGY PROGRAM

GENERAL STATEMENTS AND DIRECTIONS

1. Review all Clinical Objectives for the respective hospital departments prior to attending the clinical session.
2. Because of patient availability, it is possible that all objectives may not be met and that all skills may not be performed. None the less, as many skills as possible should be observed and practiced by the Paramedic student under the supervision of your clinical instructor.
3. Report to the hospital unit promptly on your scheduled date, i.e., 10 minutes prior to the beginning of the rotation. Notify the Clinical Supervisor and/or Charge Nurse that you are reporting.
4. Ask the Charge Nurse or Department Superviosr if there are any special rules or operating procedures which need to be observed.
5. Understand that methods of treatment may vary depending on the patient's condition, the setting (i.e., prehospital or in-hospital) and preferance of the physician in charge. Record any technique or procedure performed differently from the manner it was presented during your classroom training.
6. Be sure to get your clinical documentation form signed following the clinical training session.
7. You are required to read and review patient charts in the various hospital departments. Please remember to honor the patient's rights to confidentiality.
8. Wear a watch with a second hand, bring a stethoscope, pen light, small note pad, and pen to all clinical training sessions.
9. Observe the appropriate dress code.
10. You are not to seek free medical advise for yourself or your family while on duty.

A COMMUNITY-BASED COLLEGE

AUSTIN COMMUNITY COLLEGE
P.O. Box 2285 Austin, Texas 78768 (512) 476-6381

©ACC 1977

STUDENT CONTRACT

I fully understand that the privilige of participating in clinical training is based upon my conduct, willingness to perform assigned duties, and observance of rules of confidentiality. Should I breach any of these rules, I forfeit the privilige of clinical training, which may result in my withdrawl from the Paramedic Technology Program.

Clinical training is defined as the supervised learning experience as it occurs in any hospital, clinic, medical facility, or Mobile Intensive Care Unit (MICU) which is affiliated with the ACC Paramedic Technology Program.

While at any clinical facility, I agree to conduct myself as a gentleman, or gentlewoman, and to show respect to all staff and physicians. Furthermore, I agree to refrain from any argumentative behavior and avoid any controversies.

While at any clinical facility, I agree to conform to any appropriate dress code.

While at any clinical facility, I agree to perform those duties assigned to me by the staff and carry those duties out to the best of my ability. If I am asked to perform a duty which I have not been trained for, or am unqualified to perform, I will respectfully inform my clinical supervisor and staff of such.

While at any clinical facility, I agree to observe the accepted rules of confidentiality. Specifically, I agree to refrain from discussing the patient's condition with any family member, media representative, attorney, or any other non-medical person; rather, I will refer any such question to the nursing staff. Furthermore, I will not discuss any patient's condition or actions, or the staff's actions, at any later date.

I finally agree to provide my own stethoscope and watch with a second hand (or digital display) during my clinical training.

I have read the "Student Contract" in full and have discussed same with the instructors of the ACC Paramedic Technology Program, and agree to all stipulations.

____
Student's Name date

____
Instructor date
Paramedic Technology Program
Austin Community College

A COMMUNITY-BASED COLLEGE

EMERGENCY MEDICAL TECHNICIAN
STUDENT CONTRACT

Texas Tech University Health Sciences Center has established a program for teaching students who desire to receive certification as an Emergency Medical Technician. As part of the requirements for this certification one must participate in clinical rotations at hospitals and with emergency ambulance services.

As a student, I fully understand that the privilege of participation in clinical rotations is based on my conformance with the following requirements:

1. I have read and agree to comply with the form entitled, "Instructions for Clinical Rotations."
2. I agree to arrive at my clinical assignment on time and to stay the entire length of the assigned time. In the unlikely event that I cannot go to the rotation as scheduled, I agree to call the EMS Training Program Office (743-3218) to report to them I will not be there. I will attempt to call as early as possible to cancel the rotation so that another student may be scheduled.
3. I agree to follow the dress code that is appropriate for the type of rotation I am doing. (See #10, below)
4. I agree to conduct myself in a professional manner and to show respect both to patients and medical personnel with whom I will be working.
5. I agree to report to my clinical supervisor at the beginning of the shift and to willingly perform all duties assigned to me to the best of my ability.
6. I agree to render care in the manner I have been taught in my EMT classes and not to render care that is beyond the training I have received in those classes. I also agree to inform my clinical supervisor if he/she should assign duties that are beyond the scope of this training.
7. I agree to observe accepted rules of confidentiality. Specifically, I agree to refrain from discussing the patient's condition with him, his family, or any one other than medical personnel directly responsible for his care. I also agree to refer to my clinical supervisor any questions the patient or his family may ask.
8. Should I have questions about the care a patient has received, I agree not to dispute the care in the presence of the patient or his family and further agree to choose an appropriate time and place to discuss the matter with the medical personnel involved and with theClinical Coordinator, the Program Director, or my Lead Instructor.
9. I agree to actively participate in the care of each patient to whom I am assigned and not to limit my attentions to those who are considered to be "interesting" patients.
10. I agree to wear a white lab jacket, light colored or white shirt or blouse, and black or dark pants plus a watch (with seconds shown) and nametag while on my rotations.

I understand that any breach of the above requirements will cause me to forfeit the privilege of doing clinical rotations until the situation can be resolved with the Program Director.

Student's Name ____________________ Date ____________________

Witness ____________________

STUDENT CONTRACT
EMT-SPECIAL SKILLS/PARAMEDIC COURSE

To receive certification as EMT with Special Skills or EMT-Paramedic, one must participate in clinical rotations at hospitals and with the emergency medical service. As a student, I fully understand that the privilege of participating in clinical rotations is based on my compliance with the following requirements:

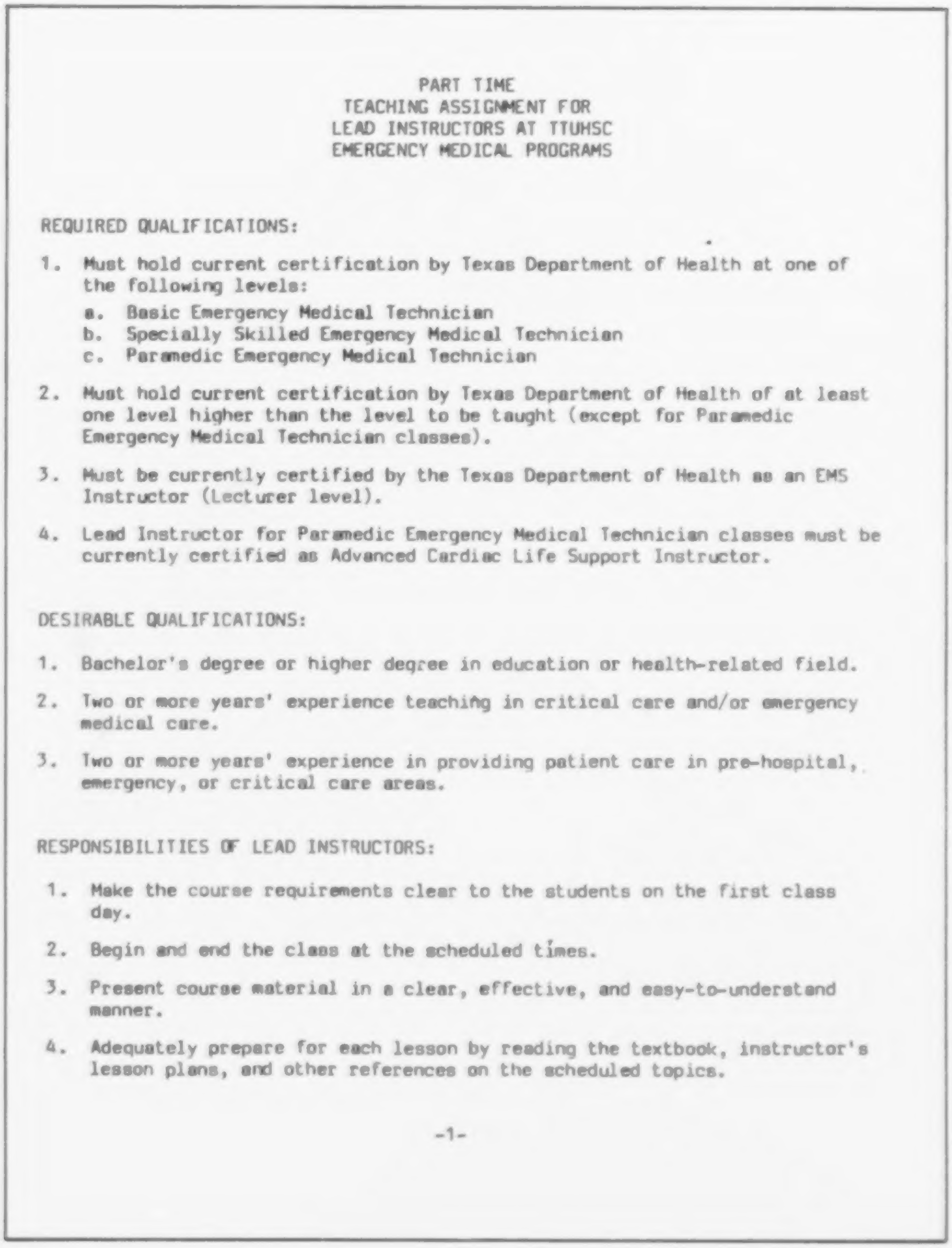
1. I agree to meet all prerequisites for beginning and continuing clinical rotations as listed in the Course Requirements.
2. I agree to schedule my rotations as indicated in the Instructions for Clinical Rotations. I also agree to arrive at my clinical site on time and to stay the entire length of the scheduled time in the department to which I am assigned.
3. I agree to follow the dress code that is appropriate for the type of rotation I am doing.
4. I agree to report to my clinical supervisor and to willingly perform the duties assigned to me to the best of my ability.
5. I agree to render care in the manner I have been taught in my EMT Special Skills or Paramedic classes and not to render care that is beyond the training I have received in those classes. I also agree to inform my clinical supervisor if he/she should assign duties that are beyond the scope of this training.
6. I agree to conduct myself in a professional manner and to show respect both to patients and medical personnel with whom I will be working.
7. I agree to observe accepted rules of confidentiality. Specifically, I agree to refrain from discussing the patient's condition with him, his family, or anyone other than the medical personnel directly responsible for his care. I also agree to refer to my clinical supervisor any questions the patient or his family may ask.
8. Should I have questions about the care a patient has received, I agree not to dispute the care in the presence of the patient or his family and further agree to choose an appropriate time and place to discuss the matter with the medical personnel involved and with the Clinical Coordinator/Program Director.
9. I agree to actively participate in the care of each patient to whom I am assigned and not to limit my attentions to those who are considered to be "interesting" patients.
10. I agree to provide my own stethoscope, lab jacket, and watch to record vital signs, and to wear the nametag provided for me during my clinical rotations.

I understand that any breach of the above requirements will cause me to forfeit the privilege of doing clinical rotations until the situation can be resolved with the Clinical Coordinator/Program Director.

Student's Name

Date

Instructor contracts



PART TIME
TEACHING ASSIGNMENT FOR
LEAD INSTRUCTORS AT TTUHSC
EMERGENCY MEDICAL PROGRAMS

REQUIRED QUALIFICATIONS:

1. Must hold current certification by Texas Department of Health at one of the following levels:
    a. Basic Emergency Medical Technician
    b. Specially Skilled Emergency Medical Technician
    c. Paramedic Emergency Medical Technician
2. Must hold current certification by Texas Department of Health of at least one level higher than the level to be taught (except for Paramedic Emergency Medical Technician classes).
3. Must be currently certified by the Texas Department of Health as an EMS Instructor (Lecturer level).
4. Lead Instructor for Paramedic Emergency Medical Technician classes must be currently certified as Advanced Cardiac Life Support Instructor.

DESIRABLE QUALIFICATIONS:

1. Bachelor's degree or higher degree in education or health-related field.
2. Two or more years' experience teaching in critical care and/or emergency medical care.
3. Two or more years' experience in providing patient care in pre-hospital, emergency, or critical care areas.

RESPONSIBILITIES OF LEAD INSTRUCTORS:

1. Make the course requirements clear to the students on the first class day.
2. Begin and end the class at the scheduled times.
3. Present course material in a clear, effective, and easy-to-understand manner.
4. Adequately prepare for each lesson by reading the textbook, instructor's lesson plans, and other references on the scheduled topics.

5. Show through lectures and demonstrations the practical application of the textual material to pre-hospital emergency medical care.

6. Demonstrate an interest in helping the students learn the material with an understanding and considerate attitude toward the students.

7. Encourage the students to ask questions and to participate in class discussions when appropriate.

8. Teach appropriate use of medical terminology throughout the course, and insist that students learn to use it appropriately as well.

9. Be available before and after class to help students and to answer questions.

10. Use audiovisual aids appropriately.

11. See that all necessary teaching supplies and equipment are present and operating properly.

12. Be familiar with course requirements so that no mis-information is given to students.

13. Promptly report any problems to the Program Director.

14. Inform the Program Director at least one week in advance of an proposed changes in class schedule, lecturers, skills instructors or class locations.

15. Review all examinations at least one week in advance of the scheduled administration date if changes in the exam will be requested.

16. Use current and accepted skills examination criteria for testing skills. Student handouts are suggested as a correct way to perform the skill, but variations in skills performance must be accepted provided that the patient's condition would not be compromised if the procedure were done in a real situation.

17. Give frequent quizzes to allow both the student and the instructor to evaluate progress being made in the course.

18. Submit a copy of each quiz (with answer key) to the Program Director within 1 week after it was given.

19. Submit all paperwork to Program Director's office at least once per week.

PROCEDURE FOR SELECTING LEAD INSTRUCTORS:

1. Applicants must meet all required qualifications.

2. Applicants must notify EMS Program Director's office of interest in teaching by submitting application.

3. When an class is scheduled, all applicants will be notified of the class schedule and location. Each applicant may then indicate whether they are interested in teaching the proposed class.

4. The qualifications of all interested applicants will be reviewed by the Program Director, the Medical Director, and the chairman of the Training Advisory Committee.

I have read the above qualifications and requirements for lead instructors in the Texas Tech University Health Sciences Center Emergency Medical Services Training Program. I agree to fulfill these requirements for the class assigned to me, and I understand that future teaching opportunities with the Health Sciences Center will be based, in part, on my successful completion of these requirements in my current teaching assignment.

______________________________ ____________________
Signature of Lead Instructor Date

- -

CURRENT TEACHING ASSIGNMENT:

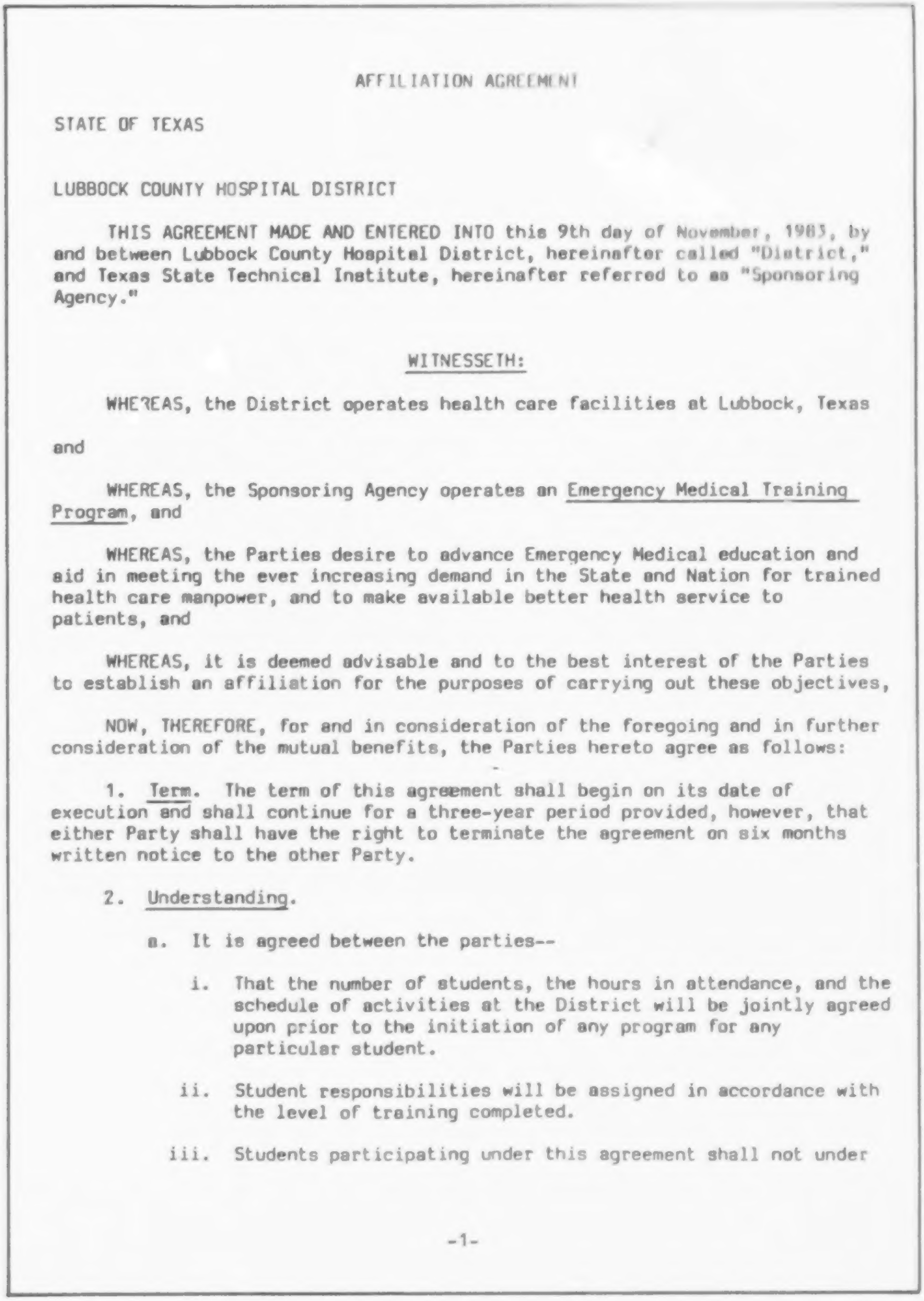
Type of Class: ______________________________

Location of Class: ______________________________

Dates of class: ______________________________

Assignment approved by: ______________________________
Bonnie Jackson, M.Ed., EMT-P, EMS Program Director

____
C.R.F. Baker, Jr., M.D., Medical Director



AFFILIATION AGREEMENT

STATE OF TEXAS

LUBBOCK COUNTY HOSPITAL DISTRICT

THIS AGREEMENT MADE AND ENTERED INTO this 9th day of November, 1983, by and between Lubbock County Hospital District, hereinafter called "District," and Texas State Technical Institute, hereinafter referred to as "Sponsoring Agency."

WITNESSETH:

WHEREAS, the District operates health care facilities at Lubbock, Texas

and

WHEREAS, the Sponsoring Agency operates an Emergency Medical Training Program, and

WHEREAS, the Parties desire to advance Emergency Medical education and aid in meeting the ever increasing demand in the State and Nation for trained health care manpower, and to make available better health service to patients, and

WHEREAS, it is deemed advisable and to the best interest of the Parties to establish an affiliation for the purposes of carrying out these objectives,

NOW, THEREFORE, for and in consideration of the foregoing and in further consideration of the mutual benefits, the Parties hereto agree as follows:

1. Term. The term of this agreement shall begin on its date of execution and shall continue for a three-year period provided, however, that either Party shall have the right to terminate the agreement on six months written notice to the other Party.

2. Understanding.

   a. It is agreed between the parties--

      i. That the number of students, the hours in attendance, and the schedule of activities at the District will be jointly agreed upon prior to the initiation of any program for any particular student.

      ii. Student responsibilities will be assigned in accordance with the level of training completed.

      iii. Students participating under this agreement shall not under

-1-

any circumstances, be considered employees of the District or Texas State Technical Institute. The relationship between the District and the students shall be educational only. Students and faculty provided by the Sponsoring Agency are not and will not be acting as servant, agent, or employee of the District.

iv. The District shall not pay any remuneration or wages to any student or faculty of the Sponsoring Agency, and shall not be responsible to any student, faculty, or representative of the Sponsoring Agency for any benefits whatever.

v. The District may request the withdrawal of any student or faculty from clinical activities at the District for cause, and upon such request, the student or faculty shall no longer participate in any training activities in the District facilities.

vi. Neither party shall discriminate because of race, color, sex, creed, religion, or national origin.

vii. All students and faculty of the Sponsoring Agency, or other persons acting under this agreement shall comply with all applicable rules, regulation, and policies promulgated by the District and Sponsoring Agency.

viii. The District shall not be liable on account of injury, sickness, disease, or death of any student, personnel, or faculty member using the resources of the District under the terms of this agreement. Further, the Sponsoring Agency agrees to hold the District harmless from and against any and all liability that results from the use by the Sponsoring Agency of District resources only insofar as the Sponsoring Agency is authorized by the Constitution and laws of the State of Texas to do so.

ix. Representatives of both agencies shall meet as often as necessary to study the program and terms of this agreement and make such suggestions and changes as are needed.

x. Student will at all times function under the supervision of a member of the District's staff and will abide by the instructions of the staff member.

b. The Sponsoring Agency agrees to--

i. Maintain the authority and responsibility for the education programs for its students which may be conducted in facilities of the District.

ii. Ensure that sufficient qualified clinical faculty are provided to initiate and carry out a jointly planned and supervised program of clinical experiences for the students.

iii. Ensure adequate academic preparation of the students to perform at the District facilities within student capabilities under the appropriate job description.

iv. Ensure that the Sponsoring Agency's director and clinical faculty's work experience and training are adequate for assuming major responsibility for clinical teaching and supervision.

v. Ensure that the Provisions of the agreement are explained to the students, clinical faculty, and other Sponsoring Agency representatives and that each such person has agreed to the provisions of this contract.

vi. Ensure that all matters concerning the District and its patients are kept confidential by the Sponsoring Agency representatives and that each such person has agreed to the provisions of this contract.

vii. Inform its students, faculty, and staff involved in the training program that soliciting District employees for any other employment or solicitation of cases for attorneys shall not be allowed, and the Sponsoring Agency shall take positive and affirmative steps to ensure that no violation of this provision shall occur.

viii. Ensure that students, faculty, and other representatives of Sponsoring Agency will make provisions for their own health and accident insurance; and inform these persons that they will have no claim against the District for health care, worker's compensation, or other benefits.

ix. Inform its students and faculty that meals, uniforms, and equipment will not be provided by the District.

x. Inform its students that they will not be permitted to operate emergency vehicles.

xi. Ensure that students and faculty are covered by professional liability insurance.

xii. Take all reasonable precautions to ensure that students and faculty are free of communicable disease.

xiii. Provide faculty participation in relevant committees and task forces of the District.

c. The District agrees to--

i. Maintain authority and responsibility for care given to its patients.

ii. Allow the use of its facilities for the education of students of the Sponsoring Agency.

iii. Provide staff supervision, in conjunction with the faculty from the Sponsoring Agency, for students in the program.

iv. Provide access for faculty and students to patients and their clinical records at the District. This access may be subject to the specific approval of the District Administration. Access to records will be granted only for retrieval of information as part of the clinical training program.

v. Provide orientation to the facility for faculty members.

vi. Encourage its staff to participate in the educational activities of the Sponsoring Agency.

vii. Participate in review activities of the Sponsoring Agency which are directed toward continuing program improvement.

IN WITNESS WHEREOF, the Parties hereunto set their hands, the day and year first above written.

LUBBOCK COUNTY HOSPITAL DISTRICT	TEXAS STATE TECHNICAL INSTITUTE
Charles O. Trimble Jr. Executive Director	Herbert Robins, M.D. President

STATE OF TEXAS |

COUNTY OF TRAVIS |

AGREEMENT

This AGREEMENT is executed on September 11, 1980, between Austin Community College, hereinafter sometimes referred to as "College" in this Agreement, and Brackenridge Hospital, hereinafter sometimes referred to as "Facility" in this Agreement, WITNESSETH:

WHEREAS, it is agreed by the parties to be of mutual interest and advantage that the students and faculty of the College be given the opportunity to utilize the Facility as a practice laboratory and for Paramedic Technology educational purposes;

NOW, THEREFORE, for and in consideration of the foregoing, and in further consideration of the mutual benefits, the parties to this Agreement agree as follows:

1. The Facility will permit students of the College to practice under the supervision and responsibility of the Paramedic Technology faculty of Austin Community College. The individual faculty members will be responsible to the charge nurse/supervisor or liaison person designated by the Facility for the educational activities of students.

2. The number and distribution of students within the Facility will be mutually agreed upon between the College and the Facility at the beginning of each semester.

3. The period of assignment shall be as necessary to provide clinical training requirements of the Paramedic Technology program.

4. The College will provide the Facility with the names of the students who are entitled to use the resources of the Facility under the terms of this Agreement.

5. Representatives of the College and the Facility shall meet as often as necessary to study the Paramedic Technology program and terms of this Agreement and make such suggestions and changes as are needed.

6. College personnel, faculty, and students will be subject to the rules and regulations established by the Facility for the division of the Facility to which they are assigned;

a. the Facility will charge the College no fees for Paramedic Technology opportunity afforded students;

b. students will be responsible for their own meals, laundry, and transportation to and from the Facility;

c. the students and faculty are to have adequate insurance or be responsible for their own expenses in case of injury, illness, or hospitalization;

d. the Facility will not be charged for services performed by College personnel or students; and

e. the students and faculty will be required to purchase and keep in effect a personal liability insurance policy.

7. The Facility shall not be liable on account of injury, sickness, disease, or death of any student, personnel, or faculty member using the resources of the Facility under the terms of this Agreement. Further, the College agrees, only insofar as it is authorized by law to do so, to hold the Facility harmless from and against any and all liability for personal injury, including injury involving death or damage to property, that results directly or indirectly from the use by the College of Facility resources.

8. The salaries and expenses of any instructors, supervisors, or other employees of the College will be paid by the College.

9. The Facility further agrees as follows:

a. to maintain the criteria for accreditation as established by the Joint Commission on Accreditation of Hospitals, or other appropriate accrediting agency, if any;

b. to provide to the College the necessary space or facilities for conference and classroom areas for student teaching, as available;

c. to provide lounge and locker space for students of the College, as available;

d. to allow students and faculty members of the College to utilize the Facility's eating facility, if any, at the students' and faculty's sole expense; and

e. to plan jointly with all programs involved, when the resources are utilized as a clinical laboratory by Paramedic Technology groups other than the College.

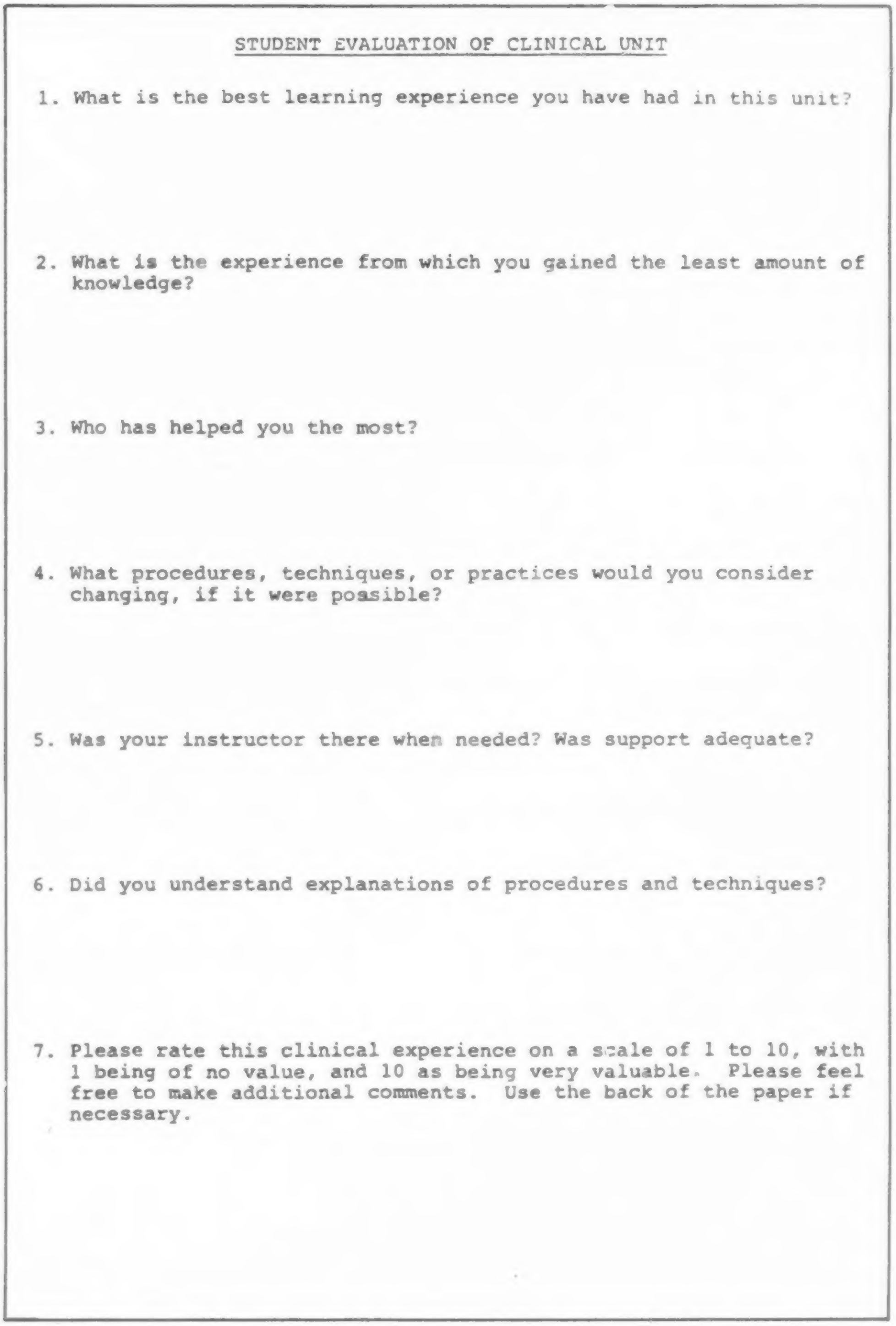
10. This Agreement is for a term of one year, and thereafter from year to year unless terminated by either party upon giving six months' written notice to the other party by certified mail.

APPROVED:

BRACKENRIDGE HOSPITAL	AUSTIN COMMUNITY COLLEGE
Robert W. [illegible] Signature	Signature
ADMINISTRATOR Official Title	PRESIDENT Official Title
2/27/81 Date	September 11, 1980 Date

Executed in duplicate originals.

Student course evaluation forms



STUDENT EVALUATION OF CLINICAL UNIT

1. What is the best learning experience you have had in this unit?

2. What is the experience from which you gained the least amount of knowledge?

3. Who has helped you the most?

4. What procedures, techniques, or practices would you consider changing, if it were possible?

5. Was your instructor there when needed? Was support adequate?

6. Did you understand explanations of procedures and techniques?

7. Please rate this clinical experience on a scale of 1 to 10, with 1 being of no value, and 10 as being very valuable. Please feel free to make additional comments. Use the back of the paper if necessary.

COURSE EVALUATION

At the end of each class students are asked to evaluate the course so that we can find out what they thought was good, and what might be done to make it better for future students. Certain things probably cannot be changed; other things could be changed if there are good reasons to do so. It's important, then, that your responses be as specific as possible.

Some questions relate to the performance of the instructors. Your answers to these questions will help the instructors improve their methods of teaching, so be as specific as you can about the things an instructor is doing that are good, or ways in which they could have helped you more. Your responses will be confidential. The instructor will not see this form. A summary sheet will be prepared for the instructor giving the general reactions of the students. Thanks for taking the time to complete this evaluation.

Rate the course between -3 and +3 on the following items: Circle "-3" is you strongly disagree with the statement; "0" means no positive or negative feelings; "+3" means strongly agree with the statement.

-3 -2 -1 0 +1 +2 +3 The subject matter was, for the most part, easy to learn.

-3 -2 -1 0 +1 +2 +3 I would recommend the course to others who are interested in pre-hospital emergency medical care.

-3 -2 -1 0 +1 +2 +3 The textbook was written at the appropriate level for the course.

-3 -2 -1 0 +1 +2 +3 The hospital rotations helped me understand how to provide appropriate emergency medical care.

-3 -2 -1 0 +1 +2 +3 The ambulance rotations helped me understand how to provide appropriate pre-hospital emergency medical care.

-3 -2 -1 0 +1 +2 +3 The classroom facilities were appropriate for the class.

-3 -2 -1 0 +1 +2 +3 The class times and days were appropriate for the type of class being offered.

Rate the instructor between -3 and +3 on the following items: Circle "-3" is you strongly disagree with the statement; "0" means no positive or negative feelings; "+3" means strongly agree with the statement.

-3 -2 -1 0 +1 +2 +3 The instructor made the requirements of the class clear at the beginning of the course.

-3 -2 -1 0 +1 +2 +3 The instructor always started and ended the class at the scheduled times.

-3 -2 -1 0 +1 +2 +3 The instructor's classroom presentation and organization was clear and effective.

-3 -2 -1 0 +1 +2 +3 The instructor had appropriate knowledge of the subject to be presented.

-3 -2 -1 0 +1 +2 +3 The instructor presented the material in an easy-to-understand manner.

-3 -2 -1 0 +1 +2 +3 The instructor was adequately prepared for each lesson.

-3 -2 -1 0 +1 +2 +3 The instructor had obviously read the textbook and several other references in preparation for the lectures presented in the class.

-3 -2 -1 0 +1 +2 +3 The instructor was able to show practical applications of the textual material.

-3 -2 -1 0 +1 +2 +3 The instructor seemed interested in helping the students learn the material.

-3 -2 -1 0 +1 +2 +3 The instructor's attitude toward the students was helpful, understanding, and considerate.

-3 -2 -1 0 +1 +2 +3 The instructor made the students feel free to ask questions and to participate in class discussions when appropriate.

-3 -2 -1 0 +1 +2 +3 The instructor correctly used medical terminology and insisted that students use it correctly as well.

-3 -2 -1 0 +1 +2 +3 The instructor was available before and after class to help students and to answer questions.

-3 -2 -1 0 +1 +2 +3 The instructor made appropriate use of audiovisual aids.

BEST COPY AVAILABLE

AUSTIN COMMUNITY COLLEGE

COURSE AND INSTRUCTOR EVALUATION

PARAMEDIC TECHNOLOGY

COURSE NUMBER________________

SEMESTER & YEAR ______________

INSTRUCTOR ___________________

This rating form has been designed to give you an opportunity to express anonymously your opinions of this course and the manner in which it is being taught.

Please circle the appropriate letter. If there is an area where you feel either strongly positive or negative please make comments in the General Category (Part VI) or on the back of the last page.

(1)

	ALMOST NEVER			ALMOST ALWAYS	
I. TEXTBOOKS AND RELATED HANDOUTS					
1. The handouts were helpful adjuncts to the text and lectures:	1	2	3	4	NA
2. The textbook(s) was readable and understandable:	1	2	3	4	NA
3. The textbook(s) was relevant and supplementary to the lectures:	1	2	3	4	NA
4. The value of the textbook(s) throughout the course justified its cost:	1	2	3	4	NA
5. The textbook(s) required for purchase was adequate for the course:	1	2	3	4	NA
II. LECTURE CONTENT AND INSTRUCTOR					
1. Instructor prepares adequately for all classes:	1	2	3	4	NA
2. Instructor organizes the class lecture well:	1	2	3	4	NA
3. Instructor prepares clearly stated objectives and makes them available to students:	1	2	3	4	NA
4. Instructor makes use of relevant instructional material:	1	2	3	4	NA
5. Instructor presents current and/or relevant subject matter:	1	2	3	4	NA
6. Instructor teaches at the level and pace I like:	1	2	3	4	NA
7. Instructor relates all tests and evaluations used for grading to the stated course goals and objectives:	1	2	3	4	NA
8. Instructor meets class on time:	1	2	3	4	NA
9. The lectures held my interest and attention:	1	2	3	4	NA
10. Instructor presents material in a clear, understandable manner:	1	2	3	4	NA

	ALMOST NEVER			ALMOST ALWAYS	
II. Lecture Content and Instructor con't:					
11. Instructor relates teaching to the established texts and instructional materials:	1	2	3	4	NA
12. Instructor maintains appropriate records:	1	2	3	4	NA
13. Instructor manages the class well:	1	2	3	4	NA
14. Instructor limits class discussion to current lecture topic:	1	2	3	4	NA
15. Instructor presents materials and/or activities in an organized manner:	1	2	3	4	NA
16. Instructor advertises office hours and is available for conference during those hours:	1	2	3	4	NA
17. Instructor demonstrates concerned attitude toward students:	1	2	3	4	NA
18. Instructor provides clearly stated grading standards:	1	2	3	4	NA
19. Instructor actively encourages and permits questions and discussions of course content:	1	2	3	4	NA
20. Instructor causes learning to take place:	1	2	3	4	NA
21. Instructor returns tests and assignments with reasonable promptness:	1	2	3	4	NA
22. Instructor maintains effective labs (when applicable) within existing facilities:	1	2	3	4	NA
III. EXAMINATIONS					
1. The number of examinations given was adequate:	1	2	3	4	NA
2. The examinations were relevant to the stated objectives:	1	2	3	4	NA
3. The examination questions were clear:	1	2	3	4	NA
4. The examinations were graded fairly:	1	2	3	4	NA

IV. CLINICAL

	ALMOST NEVER			ALMOST ALWAYS	
1. Instructor clearly states clinical objectives:	1	2	3	4	NA
2. Instructor demonstrates competence in performing clinical skills:	1	2	3	4	NA
3. Instructor maintains effective relationships with personnel in areas utilized for gaining clinical experience:	1	2	3	4	NA
4. Instructor develops clinical rotations schedule:	1	2	3	4	NA
5. Instructor clearly relates clinical assignments to current theory:	1	2	3	4	NA
6. Instructor provides adequate guidance and feedback in clinical area:	1	2	3	4	NA
7. Instructor evaluates clinical performance according to stated criteria:	1	2	3	4	NA
8. Instructor remains informed of current technical and professional advances:	1	2	3	4	NA
9. Instructor is available to students in the clinical setting:	1	2	3	4	NA
10. The time spent in clinical was used productively:	1	2	3	4	NA

V. The items below ask you to rate your performance in this course:

1. I attended the scheduled class meetings:	1	2	3	4	NA
2. I sought the instructor if I had problems with the course:	1	2	3	4	NA
3. I worked through the assigned materials:	1	2	3	4	NA
4. I did my best possible work in this course:	1	2	3	4	NA
5. What grade do you expect to earn in this course:	A	B	C	D	F

VI. GENERAL

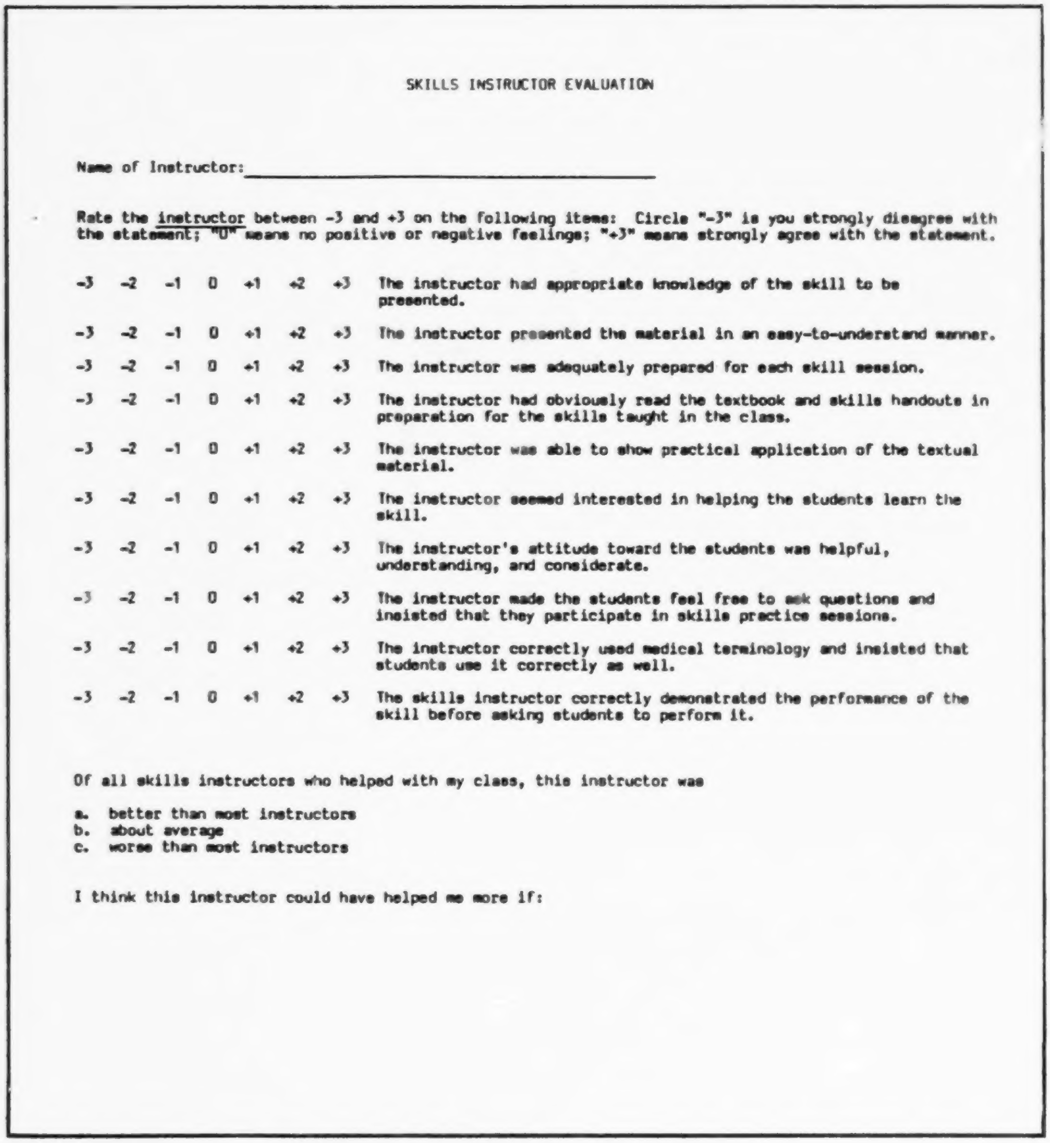
1. How can the instructor improve the course?

2. What did you like best about this course?

3. What did you like least about this course?

GENERAL COMMENTS:

Instructor evaluation forms



SKILLS INSTRUCTOR EVALUATION

Name of Instructor: ________________________________

Rate the instructor between -3 and +3 on the following items: Circle "-3" is you strongly disagree with the statement; "0" means no positive or negative feelings; "+3" means strongly agree with the statement.

-3	-2	-1	0	+1	+2	+3	The instructor had appropriate knowledge of the skill to be presented.
-3	-2	-1	0	+1	+2	+3	The instructor presented the material in an easy-to-understand manner.
-3	-2	-1	0	+1	+2	+3	The instructor was adequately prepared for each skill session.
-3	-2	-1	0	+1	+2	+3	The instructor had obviously read the textbook and skills handouts in preparation for the skills taught in the class.
-3	-2	-1	0	+1	+2	+3	The instructor was able to show practical application of the textual material.
-3	-2	-1	0	+1	+2	+3	The instructor seemed interested in helping the students learn the skill.
-3	-2	-1	0	+1	+2	+3	The instructor's attitude toward the students was helpful, understanding, and considerate.
-3	-2	-1	0	+1	+2	+3	The instructor made the students feel free to ask questions and insisted that they participate in skills practice sessions.
-3	-2	-1	0	+1	+2	+3	The instructor correctly used medical terminology and insisted that students use it correctly as well.
-3	-2	-1	0	+1	+2	+3	The skills instructor correctly demonstrated the performance of the skill before asking students to perform it.

Of all skills instructors who helped with my class, this instructor was

a. better than most instructors
b. about average
c. worse than most instructors

I think this instructor could have helped me more if:

Student's clinical training reports

MOBILE INTENSIVE CARE UNIT

TO THE STUDENT: You are to complete one form for each 8-hour shift you do. When you arrive at the unit, ask for the name of your preceptor for the shift and check in with him/her. During the shift you are to keep in mind the objectives (listed below). Near the end of the shift you are to complete this form and get the preceptor to initial that you have performed each of objectives you have listed. Keep the first two copies of this form when you leave. The original is to be turned in to your instructor by the next class period. The second copy is for your records. Leave the third copy with your preceptor so that he/she can complete the back portion of it and return it to the training program.

NAME OF STUDENT ______________________ EMS STATION NUMBER ______________________

NAME OF PRECEPTOR (PRINT) ______________________ ROTATION BEGAN (DATE) __________ (TIME) ______

TOTAL NUMBER OF HOURS THIS SHIFT ______________________ ROTATION ENDED (DATE) __________ (TIME) ______

OBJECTIVES FOR MOBILE INTENSIVE CARE UNIT

TIMES PERFORMED	PRECEPTOR'S INITIALS		
		1.	Perform a patient assessment including developing a relevant medical history, making pertinent observations of the environment, and doing a pertinent physical examination.
		2.	Identify and manage patients presenting with the following problems: A. Major trauma to the head/neck, chest, abdomen, spine, and extremities B. Possible myocardial infarction C. Congestive heart failure D. Chronic obstructive pulmonary disease E. Obstructed airway F. Diabetic emergencies G. Asthmatic attack H. Seizure I. Coma J. Obstetric problems K. Psychiatric problems L. Overdose M. Intoxication
		3.	Administer oxygen.
		4.	Perform CPR in cases of cardiac arrest.
		5.	Perform successful peripheral IV insertion using over-the-needle catheter device or a winged infusion needle.
		6.	Draw blood samples.
		7.	Perform orotracheal intubation.
		8.	Perform aseptic endotracheal and orotracheal suctioning.
		9.	Apply MAST trousers in cases of massive lower extremity trauma or shock.
		10.	Immobilize extremities in cases of fractures and/or dislocation.
		11.	Monitor vital signs and patient status during transport.
		12.	Perform spinal immobilization using short and long spine board.
		13.	Perform insertion of esophageal obturator airway.
		*14.	Relay patient information to the physician in the correct sequence.
		*15.	Apply monitoring electrodes.
		*16.	Record and interpret electrocardiogram.
		*17.	Prepare and administer intramuscular, subcutaneous, and intravenous medications.
		*18.	Observe the action of pharmacologic agents administered.
		*19.	Perform monitored defibrillation.
		*20.	Assist in receiving calls and dispatching emergency vehicles.
		*	THESE ITEMS FOR PARAMEDIC STUDENTS ONLY

__________ TOTAL NUMBER OF RUNS MADE DURING SHIFT

__________ TOTAL NUMBER OF ALS RUNS MADE DURING SHIFT

__________ TOTAL NUMBER OF CRITICAL RUNS MADE DURING THIS SHIFT (MUST FIT CRITICAL RUN DEFINITION)

SIGNATURE OF PRECEPTOR ______________________

TO THE STUDENT: After you have left the unit, please evaluate your preceptor by circling the most appropriate number depicting how well the preceptor met your needs as a student (for today's shift only). A "5" is the most favorable evaluation, and a "1" is the least favorable evaluation. Use the comment section to elaborate, especially if an unfavorable evaluation is given.

Preceptor was helpful in orienting me to the department and its procedures. 5 4 3 2 1
Preceptor was helpful in assigning work that enabled me to complete the objectives for the department. 5 4 3 2 1
Preceptor was helpful in explaining the care being given the patient, answering questions, etc. 5 4 3 2 1

COMMENTS: ______________________

BEST COPY AVAILABLE

LABOR & DELIVERY/PEDIATRICS/PSYCHIATRIC UNIT

TO THE STUDENT: You are to complete one form for each 8-hour shift you do. When you arrive at the unit, ask for the name of your preceptor for the shift and check in with him/her. During the shift you are to keep in mind the objectives (listed below). Near the end of the shift you are to complete this form and get the preceptor to initial that you have performed each of objectives you have listed. Keep the first two copies of this form when you leave. The original is to be turned in to your instructor by the next class period. The second copy is for your records. Leave the third copy with your preceptor so that he/she can complete the back portion of it and return it to the Program director.

NAME OF STUDENT ______________________ NAME OF HOSPITAL ______________________

NAME OF PRECEPTOR (PRINT) ______________________ DEPARTMENT ______________________

TOTAL NUMBER OF HOURS THIS SHIFT ______________ ROTATION BEGAN (DATE) __________ (TIME) __________

ROTATION ENDED (DATE) __________ (TIME) __________

OBJECTIVES FOR LABOR & DELIVERY

TIMES PERFORMED	PRECEPTOR'S INITIALS	
		1. Identify the three stages of labor, common complications, and abnormal deliveries.
		2. Assist in normal cephalic deliveries.
		3. Observe and assist, where possible, in abnormal deliveries.
		4. Control post-partum hemorrhage by uterine massage and infusion of oxytocin.
		5. Assist in the management of the newborn, including severing the cord, suctioning, etc.
		6. Assist in the resuscitation of the newborn.

OBJECTIVES FOR PEDIATRIC UNIT

		1. Perform patient assessment including at a minimum, a review of the patient's chart, taking vital signs, and auscultating chest and abdominal sounds.
		2. Prepare and administer intramuscular and intravenous medications.
		3. Perform successful peripheral IV insertion using a winged infusion needle.
		4. Assist in the management of febrile and seizure patients.

OBJECTIVES FOR PSYCHIATRIC UNIT

		1. Observe the management of and assist in the interviewing of patients with the following disturbances: A. Acute grief or depression B. Hostility or violent behavior C. Suicidal tendencies D. Paranoia E. Hysterical conversion
		2. Assist in the restraint of combative patients.
		3. Record the use of drugs for the treatment of the problems mentioned above.

SIGNATURE OF PRECEPTOR ______________________________

TO THE STUDENT: After you have left the unit, please evaluate your preceptor by circling the most appropriate number depicting how well the preceptor met your needs as a student (for today's shift only). A "5" is the most favorable evaluation, and a "1" is the least favorable evaluation. Use the comment section to elaborate, especially if an unfavorable evaluation is given.

Preceptor was helpful in orienting me to the department and its procedures.	5 4 3 2 1
Preceptor was helpful in assigning work that enabled me to complete the objectives for the department.	5 4 3 2 1
Preceptor was helpful in explaining the care being given the patient, answering questions, etc.	5 4 3 2 1

COMMENTS: ____

BEST COPY AVAILABLE

BEST COPY AVAILABLE

SURGERY/ICU/CCU

TO THE STUDENT: You are to complete one form for each 8-hour shift you do. When you arrive at the unit, ask for the name of your preceptor for the shift and check in with him/her. During the shift you are to keep in mind the objectives (listed below). Near the end of the shift you are to complete this form and get the preceptor to initial that you have performed each of objectives you have listed. Keep the first two copies of this form when you leave. The original is to be turned in to your instructor by the next class period. The second copy is for your records. Leave the third copy with your preceptor so that he/she can complete the back portion of it and return it to the training program.

NAME OF STUDENT ______________________

NAME OF HOSPITAL ______________________

NAME OF PRECEPTOR (PRINT) ______________________

DEPARTMENT ______________________

TOTAL NUMBER OF HOURS THIS SHIFT ______________

ROTATION BEGAN (DATE) __________ (TIME) ______

ROTATION ENDED (DATE) __________ (TIME) ______

OBJECTIVES FOR SURGERY

TIMES PERFORMED	PRECEPTOR'S INITIALS		
______	______	1.	Maintain the airway in an unconscious patient using manipulation and positioning of the head, oropharyngeal airways, suctioning, etc.
______	______	2.	Monitor vital signs of an unconscious patient including blood pressure, pulse and respirations, and mental status.
______	______	*3.	Perform successful endotracheal intubation on an adult patient using a laryngoscope with a curved or straight blade.
______	______	4.	Perform successful peripheral IV insertion on patient using over-the-needle catheter device, or winged infusion needle.
______	______	*5.	Perform aseptic, endotracheal and orotracheal suctioning using soft rubber catheter or yankauer catheter.
______	______	6.	Operate oxygen equipment and administer oxygen using various masks and cannulas.
______	______	7.	Assist in the operation of the mechanical respirator.
______	______	*8.	Prepare and administer intravenous medications as directed by the preceptor.
______	______	*9.	Observe the effects of pharmacological agents administered.
______	______	*10.	Apply monitoring electrodes, monitor cardioscope, and interpret EKG lead II noting any irregularities.

OBJECTIVES FOR ICU/CCU

______	______	*1.	Perform patient assessment including developing a relevant medical history and doing a physical examination. The assessment should include at a minimum taking and recording vital signs, and auscultation of chest and abdominal sounds.
______	______	*2.	Review all cases including the patient's chart, diagnosis, and treatment.
______	______	*3.	Draw blood samples.
______	______	*4.	Perform successful peripheral IV insertion using an over-the-needle catheter or a winged infusion needle.
______	______	*5.	Prepare and administer intramuscular, subcutaneous, and intravenous medications as directed by the preceptor.
______	______	*6.	Observe the effects of the pharmacological agents administered.
______	______	*7.	Apply monitoring electrodes, monitor cardioscope, and interpret EKG lead II noting any irregularities.
______	______	*8.	Assist in the care of the patients with endotracheal or tracheostomy tubes, and patients breathing on a respirator, including aseptic suctioning.
______	______	*9.	Assist in cases of cardiac arrest as directed by the preceptor including the performance of CPR, management of the airway, endotracheal intubation, and defibrillation.

* THESE ITEMS FOR PARAMEDIC STUDENTS ONLY

SIGNATURE OF PRECEPTOR ______________________

TO THE STUDENT: After you have left the unit, please evaluate your preceptor by circling the most appropriate number depicting how well the preceptor met your needs as a student (for today's shift only). A "5" is the most favorable evaluation, and a "1" is the least favorable evaluation. Use the comment section to elaborate, especially if an unfavorable evaluation is given.

Preceptor was helpful in orienting me to the department and its procedures.	5 4 3 2 1
Preceptor was helpful in assigning work that enabled me to complete the objectives for the department.	5 4 3 2 1
Preceptor was helpful in explaining the care being given the patient, answering questions, etc.	5 4 3 2 1

COMMENTS: ______________________

BEST COPY AVAILABLE

EMERGENCY DEPARTMENT

TO THE STUDENT: You are to complete one form for each 8-hour shift you do. When you arrive at the unit, ask for the name of your preceptor for the shift and check in with him/her. During the shift you are to keep in mind the objectives (listed below). Near the end of the shift you are to complete this form and get the preceptor to initial that you have performed each of objectives you have listed. Keep the first two copies of this form when you leave. The original is to be turned in to your instructor by the next class period. The second copy is for your records. Leave the third copy with your preceptor so that he/she can complete the back portion of it and return it to the training program.

NAME OF STUDENT ____________________ NAME OF HOSPITAL ____________________

NAME OF PRECEPTOR (PRINT) ____________________ DEPARTMENT ____________________

TOTAL NUMBER OF HOURS THIS SHIFT ____________________ ROTATION BEGAN (DATE) __________ (TIME) __________

ROTATION ENDED (DATE) __________ (TIME) __________

OBJECTIVES FOR EMERGENCY DEPARTMENT

TIMES PERFORMED	PRECEPTOR'S INITIALS		
		1.	Perform patient assessment including developing relevant medical history and doing a physical examination. The assessment should include at a minimum taking and recording vital signs, and auscultation of chest and abdominal sounds.
		2.	Assist and review the treatment of trauma cases and medical emergencies. At a minimum the student should review cases of: A. Suspected myocardial infarction B. Multiple trauma C. Obstructive pulmonary disease D. Overdose/poisoning E. Suspected extremity fracture F. Massive hemorrhage
		3.	Assist in triage of patients.
		4.	Assist in trauma cases requiring hemorrhage control, suturing, and splinting.
		5.	Demonstrate aseptic technique.
		6.	Draw blood samples.
		7.	Prepare blood samples for blood sugar, electrolytes, type and crossmatch, and CBC analysis.
		8.	Perform successful peripheral IV insertion using a winged infusion needle or over-the-needle catheter device on adults, and where possible, infants.
		9.	Operates oxygen equipment and administer oxygen, using various equipment and masks.
		10.	Assist in cases of cardiac arrest as directed by the preceptor including the performance of CPR, management of the airway, and endotracheal intubation.
		*11.	Apply monitoring electrodes, monitor cardioscope, and interpret EKG lead II noting any irregularities.
		*12.	Assist in cases of cardiac arrest (as in #10 above), but including defibrillation.
		*13.	Prepare and administer intramuscular, subcutaneous, and intravenous medications as directed by the preceptor.
		*14.	Observe the effects of pharmacological agents administered.
		*15.	Operate communications systems with emergency care vehicles.

* THESE ITEMS FOR PARAMEDIC STUDENTS ONLY

SIGNATURE OF PRECEPTOR ____________________

TO THE STUDENT: After you have left the unit, please evaluate your preceptor by circling the most appropriate number depicting how well the preceptor met your needs as a student (for today's shift only). A "5" is the most favorable evaluation, and a "1" is the least favorable evaluation. Use the comment section to elaborate, especially if an unfavorable evaluation is given.

Preceptor was helpful in orienting me to the department and its procedures.	5 4 3 2 1
Preceptor was helpful in assigning work that enabled me to complete the objectives for the department.	5 4 3 2 1
Preceptor was helpful in explaining the care being given the patient, answering questions, etc.	5 4 3 2 1

COMMENTS: ____________________